

UNITED STATES DISTRICT COURT  
DISTRICT OF PUERTO RICO

In re:

THE FINANCIAL OVERSIGHT AND  
MANAGEMENT BOARD FOR PUERTO  
RICO,

as representative of

THE COMMONWEALTH OF PUERTO  
RICO, *et al.*,

Debtors.<sup>1</sup>

PROMESA  
Title III


No. 17 BK 3283-LTS

(Jointly Administered)

Re: ECF Nos. 18602, 21005, 21006

**DECLARATION OF THELMARY BENITEZ TORRES IN SUPPORT OF REPLY TO  
OBJECTION OF THE FINANCIAL OVERSIGHT AND MANAGEMENT BOARD FOR  
PUERTO RICO TO THE MOTION OF COMMUNITY HEALTH FOUNDATION OF  
P.R. INC. FOR ALLOWANCE AND PAYMENT OF ADMINISTRATIVE EXPENSE**

I, THELMARY BENITEZ TORRES, hereby declare and state as follows:

- 
1. I am fully familiar with the facts set forth in this declaration which are of my personal knowledge and/or based on information which I have access to as part of my role and duties as set forth below.
  2. I have been employed by Community Health Foundation of P.R., Inc. ("CHF") as Chief Financial Officer ("CFO") since May 4, 2015. In general terms, my role as CFO is to perform professional, technical, and executive work in finance and accounting. I am

<sup>1</sup> The Debtors in these Title III Cases, along with each Debtor's respective Title III case number and the last four (4) digits of each Debtor's federal tax identification number, as applicable, are the (i) Commonwealth of Puerto Rico (Bankruptcy Case No. 17 BK 3283-LTS) (Last Four Digits of Federal Tax ID: 3481); (ii) Puerto Rico Sales Tax Financing Corporation ("COFINA") (Bankruptcy Case No. 17 BK 3284-LTS) (Last Four Digits of Federal Tax ID: 8474); (iii) Puerto Rico Highways and Transportation Authority ("HTA") (Bankruptcy Case No. 17 BK 3567-LTS) (Last Four Digits of Federal Tax ID: 3808); (iv) Employees Retirement System of the Government of the Commonwealth of Puerto Rico ("ERS") (Bankruptcy Case No. 17 BK 3566-LTS) (Last Four Digits of Federal Tax ID: 9686); and (v) Puerto Rico Electric Power Authority ("PREPA") (Bankruptcy Case No. 17 BK 4780-LTS) (Last Four Digits of Federal Tax ID: 3747). (Title III case numbers are listed as Bankruptcy Case numbers due to software limitations).

Unsworn Declaration  
Page 2


responsible of the planning, organization, coordination, and supervision of the company's fiscal resources.

3. Among other things, I prepare and submit reports and worksheets required by regulatory agencies and supervise the Accountant Section workload that includes, without limitation: a) maintenance of the mayor general; b) maintenance of subsidiaries; c) monthly reconciliations of assets and liabilities. I also supervise the process for billing and collection to health plans, intermediaries, and patients.
4. According to CHF's records and information readily available to me as CFO: (i) in July 2017, the Health Resources and Services Administration ("HRSA") designated CHF as a Federally Qualified Health Center Look-Alike ("FQHC LAL"); (ii) CHF requested and received CMS approval to participate in the Medicare Program as a Federally Qualified Health Center ("FQHC") effective August 21, 2017; (iii) effective on September 3, 2019, CHF's designation as a FQHC LAL was terminated and it was designated as a FQHC under the Medicaid statute.

#### **Certification of Visits of Medicaid Beneficiaries**

5. From the fourth quarter of 2017 to the third quarter of 2018, under the Government's Health Program ("PSG" in its Spanish acronym) known as "Mi Salud", Triple-S Salud
5. issued quarterly certifications to CHF with a breakdown of the monthly encounters and the monthly net capitation payment for primary health care services provided to eligible members under the PSG ("Medicaid beneficiaries") identified by each primary care provider ("PCP") under CHF's network of providers ("Triple S Quarterly Certifications of Medicaid Visits"). CHF relied on this information as it submitted the related invoices to the Puerto Rico Department of Health ("PRDOH") for the wraparound payment claimed for each quarter from the third quarter of 2017 to the third quarter of 2018. The last quarterly certification issued by Triple-S Salud was for the third quarter of 2018.

Unsworn Declaration  
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6. After the third quarter of 2018, under the PSG known as “Plan Vital”, the budget assignments and the capitation payments related to the Medicaid beneficiaries were received from the following managed care organizations (“MCO”): Triple S, MMM and First Medical Corporation. As Triple-S Salud did not issue quarterly certifications after the third quarter of 2018, I began to prepare similar certifications based on the primary health care services provided by CHF’s PCP’s during each quarter.
  7. In accordance with Sections 4.1.5 and 4.1.2 of the Puerto Rico Department of Health PPS Manual (the “Manual”), on a quarterly basis, I prepared a billing report which detailed all eligible services billed as filtered by insurance company, PCP and Current Procedural Terminology (“CPT”). With this information I prepared a quarterly certification which contained the actual visits of Medicaid beneficiaries identified by MCO and by each PCP under CHF’s network of providers. (“CHF Quarterly Certifications of Medicaid Visits”).
  8. The Quarterly Certifications of Medicaid Visits are based on the actual visits of Medicaid beneficiaries attended by CHF’s PCPs during the relevant quarter. The visits are documented in the patients’ files, which are not included herein as they contain confidential health care information protected by state and federal law.
  9. On or before the 15th day of the month following the closing of each quarter, CHF submitted the Quarterly Certifications of Medicaid Visits to the PRDOH with an invoice for the wraparound payment claimed for the relevant quarter. Attached hereto as **Exhibit 1** are true and correct copies of all invoices with either the Triple S Quarterly Certifications of Medicaid Visits or the CHF Quarterly Certifications of Medicaid Visits, as applicable, submitted to the PRDOH from the fourth quarter of 2017 to the fourth quarter of 2021, which are kept for CHF’s records in the ordinary course of business.
  10. CHF did not receive a formal or informal notice of the PRDOH either disputing or requesting clarification as to the visits reported since the third quarter of 2017, either in the

Unsworn Declaration

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Triple S Quarterly Certifications of Medicaid Visits or in the CHF Quarterly Certifications of Medicaid Visits. I understand that the PRDOH has this information and is required under the Manual to quickly validate the information with the MCOs.

11. In the *Objection of the Financial Oversight and Management Board for Puerto Rico to the Motion of Community Health Foundation of P.R. Inc. for Allowance and Payment of Administrative Expense*, it is claimed for the first time since CHF began submitting quarterly invoices with Quarterly Certifications of Medicaid Visits in 2017, that CHF has not properly documented the visits for which it should receive compensation.

#### **PPS Rate Calculation**

12. Even though, CHF became a FQHC Look-Alike in July of 2017 and was designated as a FQHC effective in September 2019, the PRDOH has yet to establish a PPS rate for CHF. For that reason, CHF has not received any wraparound payments since it became a FQHC Look-Alike or FQHC.
13. I have received and examined Exhibit E-1 of the *Declaration of Felmarie Cruz Morales in Respect of Objection of the Financial Oversight and Management Board for Puerto Rico* (the "Cruz Declaration"). Said exhibit consists of a chart pursuant to which a PPS rate is calculated for CHF for the years 2017 and 2018, based on the costs reported in CHF's audited financial statements and the visits reported for these years. The PRDOH establishes CHF's PPS rate for 2019, using the average of the PPS rate for 2017 and 2018.
14. Applying the same methodology used by the PRDOH as explained in the Cruz Declaration, and pursuant to CHF's audited financial statements for the years 2019 and 2020, unaudited financial statement for the year 2021 and the CHF Quarterly Certifications of Medicaid Visits for these years, I have calculated a PPS rate of \$69.59 for 2019, \$111.30 for 2020 and \$134.66 for 2021. Attached hereto as **Exhibit 2** is a true and correct copy of the chart used to calculate CHF's PPS rate for the years 2019, 2020 and 2021.

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I declare under penalty of perjury that the foregoing statements are true and correct to my  
best knowledge, information, and belief.

Executed on this 22nd day of September 2022.

  
THELMARY BENITEZ TORRES



## Community Health Foundation of P.R., Inc.

Federal Qualified Health Center- Look- Alike  
Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

### ACUSE DE RECIBO

Se recibe de Community Health Foundation of PR factura correspondiente al Pago Prospectivo  
del trimestre de 1 de octubre de 2017 al 31 de diciembre de 2017.

Firma: \_\_\_\_\_

Fecha: 1-12-2018

Hora: 3:19 pm



10 de enero de 2018

Lcda. Vania Medina  
**CEO- COMMUNITY HEALTH FOUNDATION**  
 Marginal Santa Cruz C-17  
 Bayamón, PR 00961

**Re: Certificación Trimestral (octubre 2017 a diciembre 2017)**

Estimada licenciada Medina:

Reciba un cordial saludo de parte de la familia de Triple-S Salud y de nuestro Departamento de Administración de Grupos Médicos Primarios (GMP).

A continuación encontrará el detalle de la certificación solicitada, entiéndase las vidas, los pagos netos de capitación emitidos para *Anchor Health Management* y las visitas médicas facturadas y pagadas en cero, según acuerdo suscrito entre las partes.

Nombre del Médico Primario	Octubre 2017			Noviembre 2017			Diciembre 2017		
	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros
DAVILA DAVILA YELITZA M	1,260	\$ 9,518.13	0	1,249	\$ 5,031.06	-	1,250	\$ 9,439.77	0
GARRIGA BLANCO LOURDES	1,547	\$ 11,055.04	441	1,649	\$ 11,624.60	657	1,642	\$ 11,610.79	447
GENAO ENCARNACION MAXUEL	923	\$ 11,264.58	272	987	\$ 11,921.96	574	982	\$ 11,904.45	347
HAMDAN FIGUEROA SAHAR D	1,465	\$ 18,142.40	491	1,568	\$ 15,375.13	1,197	1,559	\$ 19,185.12	697
PONCE PAREDES GUILLERMO	1,471	\$ 10,457.27	349	1,610	\$ 11,332.43	667	1,581	\$ 11,183.28	282
REYES POLANCO VANESSA	1,454	\$ 17,558.27	54	1,590	\$ 15,057.54	225	1,573	\$ 18,874.02	140
ROBLES BARRETO MARIA	1,303	\$ 16,464.33	767	1,359	\$ 17,113.12	1,808	1,357	\$ 17,154.32	852
RODRIGUEZ VELAZQUEZ SYLMA I	1,345	\$ 17,101.39	621	1,416	\$ 17,846.11	1,179	1,407	\$ 17,730.04	716
TORRES FERNANDEZ TANIA V	1,108	\$ 13,624.20	183	1,180	\$ 14,429.08	530	1,172	\$ 14,387.11	396
VILLEGAS GARCIA REBECA	1,278	\$ 8,975.08	250	1,366	\$ 9,566.43	566	1,379	\$ 9,617.66	205
<b>Gran Total</b>	<b>13,154</b>	<b>\$ 134,160.69</b>	<b>3,428</b>	<b>13,974</b>	<b>\$ 141,297.46</b>	<b>7,403</b>	<b>13,902</b>	<b>\$ 141,086.56</b>	<b>4,082</b>

De tener dudas o preguntas al respecto, puede comunicarse al (787) 620-1919 extensión 4282 y/o por correo electrónico [alejamel@ssspr.com](mailto:alejamel@ssspr.com).

Cordialmente,

Alejandro D. Meléndez Pérez  
 Gerente  
 Grupos Médicos Primarios (GMP)

c: Melina Mercado, Asesor Financiero

ID: 417792  
Nivel: P-5

**VISITANTE**  
World Plaza



# Community Health Foundation of P.R., Inc.

Federal Qualified Health Center- Look- Alike  
Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690



January 12, 2018

Community Health Foundation of PR, such as Federal Qualified Health Center- Look Alike (LALCS31124) and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of October 1, 2017 to December 31, 2017.

## Cost

Visits for the Period	x	PPS Rate	=	Total Costs related to Medicaid Beneficiaries
14,913		\$161.00		\$2,400,993.00

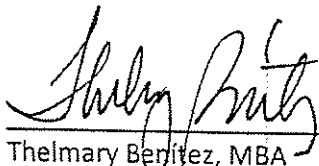
## Income

Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	=	Total Income related to Medicaid Beneficiaries
\$416,544.71		86%		\$358,228.45

## Wraparound Payment

Total Costs related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	=	Excess of Costs over Income
\$2,400,993.00		\$358,228.45		\$2,042,764.55

As a result of the wraparound payment determination formula \$2,042,764.55 represents the wraparound payment for the given period. The ASES, TRIPLE-S and the Look-Alike designation letters are included for reference.

  
Thelmary Benitez, MBA  
Chief Financial Officer

1.Date Issued: 7/31/2017

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH RESOURCES AND SERVICES ADMINISTRATION



**NOTICE OF LOOK-ALIKE DESIGNATION**  
**Federally Qualified Health Center Look-Alike**

Section 1861(aa)(4)(B) of the Social Security  
Act (42 U.S.C. 1395x),

Section 1905(l)(2)(B)(iii) of the Social Security Act (42 U.S.C.  
1396d), as amended

2.Supersedes Designation Notice Dated:

N/A

3. Designation Notice NO.

1 LALCS31124-01-00

4. LAL Number:

LALCS31124

5. Former LAL Number:

N/A

6. Designation Period:

From: 8/1/2017 Through: 7/31/2020

7. Annual Certification Period: :

From: 8/1/2017 Through: 7/31/2018

8.Title of Project (or Program):

9. Entity Name and Address:

Community Health Foundation Of Puerto Rico Inc.  
Marginal Santa Cruz C-17 URB Santa Cruz  
BAYAMON, PR 00961

10. Project Director:

Vania Medina  
Community Health Foundation Of Puerto Rico Inc.  
Marginal Santa Cruz C-17 URB Santa Cruz  
BAYAMON, PR 00961

11. THIS ACTION IS BASED ON THE INFORMATION SUBMITTED TO, AND AS APPROVED BY HRSA, AS REQUIRED UNDER 42 CFR PART 405.2434 FOR THE ABOVE TITLED ENTITY AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- a. The authorizing program legislation cited above;
- b. The program regulation cited above; and
- c. HRSA look-alike policies and procedures.

In the event there are conflicting or otherwise inconsistent policies applicable to the program, the above order of precedence shall prevail.

12.REMARKS: (Other Terms and Conditions Attached ☒ Yes ☐ No)

*Electronically signed by Tonya Bowers, on behalf of the Deputy Associate Administrator on: 7/31/2017 4:58:41 PM*



10 de enero de 2018

Lcda. Vania Medina  
**CEO- COMMUNITY HEALTH FOUNDATION**  
Marginal Santa Cruz C-17  
Bayamón, PR 00961

**Re: Certificación Trimestral (octubre 2017 a diciembre 2017)**

Estimada licenciada Medina:

Reciba un cordial saludo de parte de la familia de Triple-S Salud y de nuestro Departamento de Administración de Grupos Médicos Primarios (GMP).

A continuación encontrará el detalle de la certificación solicitada, entiéndase las vidas, los pagos netos de capitación emitidos para *Anchor Health Management* y las visitas médicas facturadas y pagadas en cero, según acuerdo suscrito entre las partes.

Nombre del Médico Primario	Octubre 2017			Noviembre 2017			Diciembre 2017		
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VILLEGAS GARCIA REBECA	1,278	\$ 8,975.08	250	1,366	\$ 9,566.43	566	1,379	\$ 9,617.66	205
Gran Total	13,154	\$ 134,160.69	3,428	13,974	\$ 141,297.46	7,403	13,902	\$ 141,086.56	4,082

De tener dudas o preguntas al respecto, puede comunicarse al (787) 620-1919 extensión 4282 y/o por correo electrónico [alejamel@ssspr.com](mailto:alejamel@ssspr.com).

Cordialmente,

Alejandro D. Meléndez Pérez  
Gerente  
Grupos Médicos Primarios (GMP)

c: Melina Mercado, Asesor Financiero



**GOBIERNO DE PUERTO RICO**

Administración de Seguros de Salud

Hon. Ricardo A. Rosselló Nevares  
Gobernador

Sra. Angela M. Avila Marrero  
Directora Ejecutiva

27 de diciembre de 2017

Vía correo electrónico:  
[ceo@chfpr.org](mailto:ceo@chfpr.org)

Vania Medina Torres  
CEO  
Community Health Foundation of Puerto Rico  
Marginal Santa Cruz C-17, Bayamón, PR 00961

Estimada señora Medina:

En respuesta a su carta de fecha del 11 de diciembre de 2017 le informamos que deberá remitirse a las aseguradoras con quien tenga contrato para que le faciliten la información que solicitan. Son las aseguradoras que asignan las vidas a los grupos médicos con quienes determinen tener contrato.

Agradecemos su interés en el Plan de Salud del Gobierno de Puerto Rico.

Cordialmente,

A handwritten signature in black ink, appearing to read "Milagros Soto Mejía".

Milagros Soto Mejía  
Directora Interina  
Oficina de Planificación, Calidad & Asuntos Clínicos

c Angela M. Avila Marrero, Directora Ejecutiva





**GOBIERNO DE PUERTO RICO**  
Administración de Seguros de Salud

Hon. Ricardo A. Rosselló Nevares  
Gobernador

Sra. Angela M. Avila Marrero  
Directora Ejecutiva

27 de diciembre de 2017

Vía correo electrónico:  
[ceo@chfpr.org](mailto:ceo@chfpr.org)

Vania Medina Torres  
CEO  
Community Health Foundation of Puerto Rico  
Marginal Santa Cruz C-17, Bayamón, PR 00961

Estimada señora Medina:

En respuesta a su carta de fecha del 11 de diciembre de 2017 le informamos que deberá remitirse a las aseguradoras con quien tenga contrato para que le faciliten la información que solicitan. Son las aseguradoras que asignan las vidas a los grupos médicos con quienes determinen tener contrato.

Agradecemos su interés en el Plan de Salud del Gobierno de Puerto Rico.

Cordialmente,

Milagros Soto Mejía  
Directora Interina  
Oficina de Planificación, Calidad & Asuntos Clínicos

c Angela M. Avila Marrero, Directora Ejecutiva





## Community Health Foundation of P.R., Inc.

*Federally Qualified Health Center - Look-Allike*

*Patient Centered Medical Home*

Marginal Santa Cruz C-17, Bayamón, P. R., 00961

Tel. 787-523-3113 • Fax. 787-786-8690

11 de diciembre de 2017

Lcda. Angie M Ávila Marrero  
Directora Ejecutiva  
ASES

Vía Email: [aavila@asespr.org](mailto:aavila@asespr.org)

Estimada Lcda. Ávila:

Saludos y buen día Lcda. Ávila. Le escribo como Principal Oficial Ejecutivo de Community Health Foundation de Puerto Rico. Somos un FQHC en Bayamón designado por HRSA desde agosto de 2017. La Oficina de Medicaid nos requiere para el tramite de nuestra solicitud de pago prospectivo un documento de su agencia que certifique el por ciento de beneficiarios de Medicaid asignados a nuestro centro. (Favor hacer referencia a la pagina 23 del "Reimbursement Manual for Federally Qualified Health Centers (FQHC)" de 2015 incluido como anejo a esta solicitud.

Agradeceré tramite la redacción de esta certificación a la brevedad posible para nosotros poder completar el mencionado tramite dentro de los periodos establecidos para el mismo.

De igual manera le solicito una reunión para conocerle y aclarar cualquier duda con relación a nuestro Centro de Medicina Primaria y esta solicitud.

Atentamente.

Vania Medina Torres  
CEO

Community Health Foundation of Puerto Rico

Tel. (787) 523-3113

Email: [ceo@chfpr.org](mailto:ceo@chfpr.org)



## Community Health Foundation of P.R., Inc.

Federal Qualified Health Center- Look- Alike  
Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

### ACUSE DE RECIBO

Se recibe de Community Health Foundation of PR factura correspondiente al Pago Prospectivo del trimestre de 1 de enero de 2018 al 31 de marzo de 2018.

Firma: *Marina Rediz*

Fecha: 13/4/18

Hora: 12:04

PANQUEL CENTRAL

PANQUEL CENTRAL

PANQUEL CENTRAL

20180413 12:04 PM





## Community Health Foundation of P.R., Inc.

Federal Qualified Health Center- Look- Alike  
Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

April 13, 2018

Community Health Foundation of PR, such as Federal Qualified Health Center- Look Alike (LALCS31124) and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of January 1, 2018 to March 31, 2018.

### Cost

Visits for the Period	x	PPS Rate	=	Total Costs related to Medicaid Beneficiaries
18,823		\$161.00		\$3,030,503.00

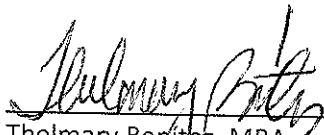
### Income

Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	=	Total Income related to Medicaid Beneficiaries
\$397,508.50		96%		\$ 381,608.16

### Wraparound Payment

Total Costs related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	=	Excess of Costs over Income
\$3,030,503.00		\$381,608.16		\$2,648,894.84

As a result of the wraparound payment determination formula \$2,648,894.84 represents the wraparound payment for the given period. The ASES, TRIPLE-S and the Look-Alike designation letters are included for reference.

  
Thelmary Benitez, MBA  
Chief Financial Officer





12 de abril de 2018

Lcda. Vania Medina  
CEO- Community Health Foundation  
Marginal Santa Cruz C-17  
Bayamón, PR 00961

**RE: Certificación Trimestral (Enero 2018 a Marzo 2018)**

Estimada Licenciada Medina:

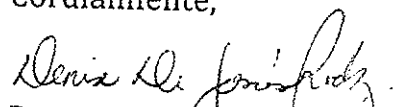
Reciban un cordial saludo de parte de la familia de Triple-S Salud y de nuestro Departamento de Administración de Grupos Médicos Primarios (GMP).

A continuación, encontrará la certificación solicitada, entiéndase las vidas, los pagos netos de Capitación emitidos a Anchor Health Management y las visitas médicas facturadas, pagadas en cero según acuerdo suscrito entre las partes.

Nombre del Médico Primario	Enero 2018			Febrero 2018			Marzo 2018		
	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros
DAVILA DAVILA YELITZA M	1,190	\$ 13,090.00	177	1,202	\$ 13,185.80	71	1,195	\$ 13,144.61	15
GARRIGA BLANCO LOURDES	1,643	\$ 18,073.00	800	1,696	\$ 18,655.61	724	1,759	\$ 19,319.55	149
GENAO ENCARNACION MAXUEL	971	\$ 10,681.00	694	1,006	\$ 11,036.94	701	1,021	\$ 11,218.83	155
HAMDAN FIGUEROA SAHAR D	1,550	\$ 17,050.00	1,701	1,574	\$ 17,313.61	1,283	1,605	\$ 17,627.90	132
PONCE PAREDES GUILLERMO	1,562	\$ 17,182.00	669	1,613	\$ 17,724.20	429	1,648	\$ 18,100.50	173
REYES POLANCO VANESSA	1,561	\$ 17,171.00	480	1,604	\$ 17,580.87	456	1,633	\$ 17,931.92	82
ROBLES BARRETO MARIA	1,343	\$ 14,773.00	1,944	1,378	\$ 15,131.38	1,471	1,404	\$ 15,402.76	351
RODRIGUEZ VELAZQUEZ SYLMA I	1,392	\$ 15,312.00	1,602	1,397	\$ 15,348.55	1,467	1,390	\$ 15,285.29	465
TORRES FERNANDEZ TANIA V	1,156	\$ 12,716.00	600	1,168	\$ 12,844.10	839	1,166	\$ 12,815.79	147
VILLEGAS GARCIA REBECA	1,366	\$ 15,026.00	588	1,408	\$ 15,488.00	359	1,436	\$ 15,788.54	99
Gran Total	13,734	\$151,074.00	9,255	14,046	\$154,309.06	7,800	14,257	\$156,635.69	1,768

De tener dudas o preguntas al respecto, puede comunicarse al (787) 620-1919, extensión 5019 y/o por correo electrónico a [djesus@sssadvantage.com](mailto:djesus@sssadvantage.com).

Cordialmente,

  
Denise de Jesús Rodríguez

Gerente  
Grupos Médicos y Ejecución Financiera

c: Melina Mercado, Asesor Financiero



12 de abril de 2018

Lcda. Vania Medina  
**CEO- Community Health Foundation**  
 Marginal Santa Cruz C-17  
 Bayamón, PR 00961

**RE: Certificación Trimestral (Enero 2018 a Marzo 2018)**

Estimada Licenciada Medina:

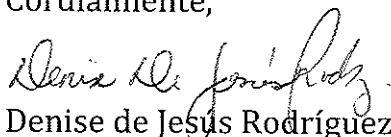
Reciban un cordial saludo de parte de la familia de Triple-S Salud y de nuestro Departamento de Administración de Grupos Médicos Primarios (GMP).

A continuación, encontrará la certificación solicitada, entiéndase las vidas, los pagos netos de Capitación emitidos a Anchor Health Management y las visitas médicas facturadas, pagadas en cero según acuerdo suscrito entre las partes.

Nombre del Médico Primario	Enero 2018			Febrero 2018			Marzo 2018		
	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros
DAVILA DAVILA YELITZA M	1,190	\$ 13,090.00	177	1,202	\$ 13,185.80	71	1,195	\$ 13,144.61	15
GARRIGA BLANCO LOURDES	1,643	\$ 18,073.00	800	1,695	\$ 18,655.61	724	1,759	\$ 19,319.55	145
GENAO ENCARNACION MAXUEL	971	\$ 10,681.00	694	1,005	\$ 11,036.94	701	1,021	\$ 11,218.83	155
HAMDAN FIGUEROA SAHAR D	1,550	\$ 17,050.00	1,701	1,574	\$ 17,313.61	1,283	1,605	\$ 17,627.90	132
PONCE PAREDES GUILLERMO	1,562	\$ 17,182.00	669	1,613	\$ 17,724.20	429	1,648	\$ 18,100.50	173
REYES POLANCO VANESSA	1,561	\$ 17,171.00	480	1,604	\$ 17,580.87	456	1,633	\$ 17,931.92	82
ROBLES BARRETO MARIA	1,343	\$ 14,773.00	1,944	1,373	\$ 15,131.38	1,471	1,404	\$ 15,402.76	351
RODRIGUEZ VELAZQUEZ SYLMA I	1,392	\$ 15,312.00	1,602	1,397	\$ 15,348.55	1,467	1,390	\$ 15,285.29	465
TORRES FERNANDEZ TANIA V	1,156	\$ 12,716.00	600	1,163	\$ 12,844.10	839	1,166	\$ 12,815.79	147
VILLEGAS GARCIA REBECA	1,366	\$ 15,026.00	588	1,403	\$ 15,488.00	359	1,436	\$ 15,788.54	95
<b>Gran Total</b>	<b>13,734</b>	<b>\$151,074.00</b>	<b>9,255</b>	<b>14,045</b>	<b>\$154,309.06</b>	<b>7,800</b>	<b>14,257</b>	<b>\$156,635.69</b>	<b>1,768</b>

De tener dudas o preguntas al respecto, puede comunicarse al (787) 620-1919, extensión 5019 y/o por correo electrónico a [djesus@sssadvantage.com](mailto:djesus@sssadvantage.com).

Cordialmente,



Denise de Jesús Rodríguez  
 Gerente  
 Grupos Médicos y Ejecución Financiera

c: Melina Mercado, Asesor Financiero



## Community Health Foundation of P.R., Inc.

Federal Qualified Health Center- Look- Alike  
Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

### ACUSE DE RECIBO

Se recibe de Community Health Foundation of PR factura correspondiente al Pago Prospectivo  
del trimestre de 1 de abril al 30 de junio de 2018.

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

Hora: \_\_\_\_\_

*Sydia Torres Gudi*  
*07/17/2018*  
*3:18 pm*



Attn: Directora de Finanzas  
 Sra. Lydia Torres  
**Community Health Foundation of P.R., Inc.**  
 Federal Qualified Health Center- Look- Alike  
 Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
 Tel. 787-523-3113 • Fax. 787-786-8690

*[Handwritten signature]*  
 7/17/2018

July 13, 2018

Community Health Foundation of PR, such as Federal Qualified Health Center- Look Alike (LALCS31124) and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of April 1, 2018 to June 30, 2018.

**Cost**

Visits for the Period	x	PPS Rate	=	Total Costs related to Medicaid Beneficiaries
4,112		\$151.00		\$662,032.00

**Income**

Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	=	Total Income related to Medicaid Beneficiaries
\$367,072.50		96%		\$ 381,608.16

**Wraparound Payment**

Total Costs related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	=	Excess of Costs over Income
\$662,032.00		\$367,072.50		\$294,959.50

As a result of the wraparound payment determination formula \$294,959.50 represents the wraparound payment for the given period. The ASES, TRIPLE-S and the Look-Alike designation letters are included for reference.

*[Handwritten signature]*  
 Thelmary Benitez, MBA  
 Chief Financial Officer



16 de julio de 2018

Lcda. Vania Medina  
**CEO- COMMUNITY HEALTH FOUNDATION**  
 Marginal Santa Cruz C-17  
 Bayamón, PR 00961

**Re: Certificación Trimestral (abril a junio 2018)**

Estimada licenciada Medina:

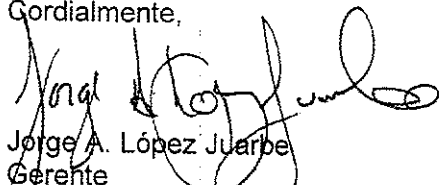
Reciban un cordial saludo de parte de la familia de Triple-S Salud y de nuestro Departamento de Grupos Médicos y Ejecución Financiera.

A continuación, encontrará la certificación solicitada, entiéndase las vidas, los pagos netos de capitación emitidos a *Anchor Health Management* y las visitas médicas facturadas, pagadas en cero (0), según acuerdo suscrito entre las partes.

Nombre del Médico Primario	Abril 2018			Mayo 2018			Junio 2018		
	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros
DAVILA DAVILA YELITZA M	1,171	\$ 12,877.34	9	1,177	\$ 12,951.26	11	1,167	\$ 12,837.00	4
GARRIGA BLANCO LOURDES	1,770	\$ 19,468.17	213	1,765	\$ 19,415.71	102	1,763	\$ 19,393.00	14
GENAO ENCARNACION MAXUEL	1,015	\$ 11,160.60	16	1,007	\$ 11,072.39	118	1,003	\$ 11,033.00	6
HAMDAN FIGUEROA SAHAR D	1,604	\$ 17,645.84	329	1,620	\$ 17,823.19	82	1,636	\$ 17,996.00	8
PONCE PAREDES GUILLERMO	1,685	\$ 18,536.11	197	1,709	\$ 18,797.93	125	1,718	\$ 18,898.00	38
REYES POLANCO VANESSA	1,648	\$ 18,129.83	79	1,685	\$ 18,539.98	62	1,698	\$ 18,678.00	21
ROBLES BARRETO MARIA	1,425	\$ 15,676.83	429	1,443	\$ 15,876.19	336	1,467	\$ 16,137.00	137
RODRIGUEZ VELAZQUEZ SYLMA I	1,405	\$ 15,454.64	586	1,413	\$ 15,543.00	309	1,408	\$ 15,488.00	146
TORRES FERNANDEZ TANIA V	1,165	\$ 12,816.84	228	1,159	\$ 12,750.06	110	1,152	\$ 12,671.63	83
VILLEGAS GARCIA REBECA	1,456	\$ 16,011.23	170	1,476	\$ 16,239.18	140	1,484	\$ 16,324.00	4
<b>Gran Total</b>	<b>14,343</b>	<b>\$157,777.43</b>	<b>2,256</b>	<b>14,455</b>	<b>\$159,008.89</b>	<b>1,395</b>	<b>14,496</b>	<b>\$159,455.63</b>	<b>461</b>

De tener dudas o preguntas al respecto, puede comunicarse la Sra. Melina Mercado, Asesor Financiero para el GMP al (787) 620-1919, extensión 5609 ó 4284.

Gordialmente,

  
 Jorge A. López Juarbe  
 Gerente  
 Grupos Médicos y Ejecución Financiera

c: Melina Mercado, Asesor Financiero

*Recibido  
 7/16/18  
 UMT*

1. Date Issued: 7/31/2017

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH RESOURCES AND SERVICES ADMINISTRATION



NOTICE OF LOOK-ALIKE DESIGNATION  
Federally Qualified Health Center Look-Alike

Section 1861(aa)(4)(B) of the Social Security  
Act (42 U.S.C. 1395x),

Section 1905(l)(2)(B)(iii) of the Social Security Act (42 U.S.C.  
1396d), as amended

2. Supersedes Designation Notice Dated:  
N/A

3. Designation Notice NO.  
1 LALCS31124-01-00

4. LAL Number:  
LALCS31124

5. Former LAL Number:  
N/A

6. Designation Period:  
From: 8/1/2017 Through: 7/31/2020

7. Annual Certification Period: :  
From: 8/1/2017 Through: 7/31/2018

8. Title of Project (or Program):

9. Entity Name and Address:  
Community Health Foundation Of Puerto Rico Inc.  
Marginal Santa Cruz C-17 URB Santa Cruz  
BAYAMON, PR 00961

10. Project Director:  
Vania Medina  
Community Health Foundation Of Puerto Rico Inc.  
Marginal Santa Cruz C-17 URB Santa Cruz  
BAYAMON, PR 00961

11. THIS ACTION IS BASED ON THE INFORMATION SUBMITTED TO, AND AS APPROVED BY HRSA, AS REQUIRED UNDER 42 CFR PART 405.2434 FOR THE ABOVE TITLED ENTITY AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

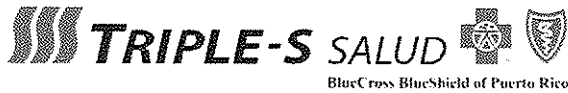
- a. The authorizing program legislation cited above;
- b. The program regulation cited above; and
- c. HRSA look-alike policies and procedures.

In the event there are conflicting or otherwise inconsistent policies applicable to the program, the above order of precedence shall prevail.

12. REMARKS: (Other Terms and Conditions Attached ☒ Yes ☐ No)

Electronically signed by Tonya Bowers, on behalf of the Deputy Associate Administrator on: 7/31/2017 4:58:41 PM





16 de julio de 2018

Lcda. Vania Medina  
**CEO- COMMUNITY HEALTH FOUNDATION**  
Marginal Santa Cruz C-17  
Bayamón, PR 00961

**Re: Certificación Trimestral (abril a junio 2018)**

Estimada licenciada Medina:

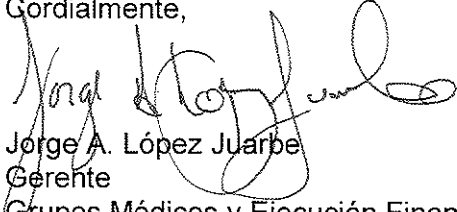
Reciban un cordial saludo de parte de la familia de Triple-S Salud y de nuestro Departamento de Grupos Médicos y Ejecución Financiera.

A continuación, encontrará la certificación solicitada, entiéndase las vidas, los pagos netos de capitación emitidos a *Anchor Health Management* y las visitas médicas facturadas, pagadas en cero (0), según acuerdo suscrito entre las partes.

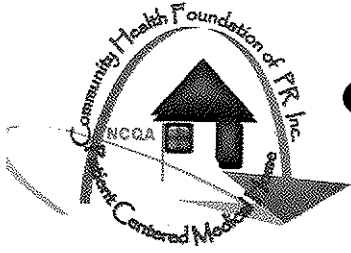
Nombre del Médico Primario	Abril 2018			Mayo 2018			Junio 2018		
	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros
DAVILA DAVILA YELITZA M	1,171	\$ 12,877.34	9	1,177	\$ 12,951.26	11	1,167	\$ 12,837.00	4
GARRIGA BLANCO LOURDES	1,770	\$ 19,468.17	213	1,765	\$ 19,415.71	102	1,763	\$ 19,393.00	14
GENAO ENCARNACION MAXUEL	1,015	\$ 11,160.60	16	1,007	\$ 11,072.39	118	1,003	\$ 11,033.00	6
HAMDAN FIGUEROA SAHAR D	1,604	\$ 17,645.84	329	1,620	\$ 17,323.19	82	1,636	\$ 17,996.00	8
PONCE PAREDES GUILLERMO	1,685	\$ 18,536.11	197	1,709	\$ 18,797.93	125	1,718	\$ 18,898.00	38
REYES POLANCO VANESSA	1,648	\$ 18,129.83	79	1,685	\$ 18,339.98	62	1,698	\$ 18,678.00	21
ROBLES BARRETO MARIA	1,425	\$ 15,676.83	429	1,443	\$ 15,376.19	336	1,467	\$ 16,137.00	137
RODRIGUEZ VELAZQUEZ SYLMA I	1,405	\$ 15,454.64	586	1,413	\$ 15,543.00	309	1,408	\$ 15,488.00	146
TORRES FERNANDEZ TANIA V	1,165	\$ 12,816.84	228	1,159	\$ 12,750.06	110	1,152	\$ 12,671.63	83
VILLEGAS GARCIA REBECA	1,456	\$ 16,011.23	170	1,476	\$ 16,239.18	140	1,484	\$ 16,324.00	4
<b>Gran Total</b>	<b>14,343</b>	<b>\$157,777.43</b>	<b>2,256</b>	<b>14,455</b>	<b>\$159,008.89</b>	<b>1,395</b>	<b>14,496</b>	<b>\$159,455.63</b>	<b>461</b>

De tener dudas o preguntas al respecto, puede comunicarse la Sra. Melina Mercado, Asesor Financiero para el GMP al (787) 620-1919, extensión 5609 ó 4284.

Gordialmente,

  
Jorge A. López Juarbe  
Gerente  
Grupos Médicos y Ejecución Financiera

c: Melina Mercado, Asesor Financiero



## Community Health Foundation of P.R., Inc.

Federal Qualified Health Center- Look- Alike  
Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

PAM NIVEL CENTRAL

ACUSE DE RECIBO

OCT16'18MAPK3:26

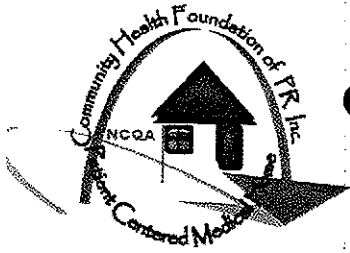
Se recibe de Community Health Foundation of PR factura correspondiente al Pago Prospectivo  
del trimestre de 1 de julio al 30 de septiembre de 2018.

Firma: BCQ

Fecha: 10/04/2018

Hora: 3:26





## Community Health Foundation of P.R., Inc.

Federal Qualified Health Center- Look- Alike  
Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

PAM NIVEL CENTRAL

October 15, 2018

DCT16'18MAY3:27

Community Health Foundation of PR, such as Federal Qualified Health Center- Look Alike (LALCS31124) and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of July 1, 2018 to September 30, 2018.

### Cost

Visits for the Period	x	PPS Rate	=	Total Costs related to Medicaid Beneficiaries
17,435		\$161.00		\$2,807,035

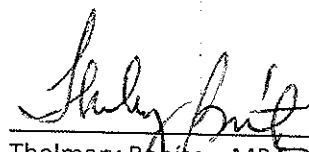
### Income

Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	=	Total Income related to Medicaid Beneficiaries
\$354,986		96%		\$ 340,787

### Wraparound Payment

Total Costs related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	=	Excess of Costs over Income
\$2,807,035		\$340,787		\$2,466,248

As a result of the wraparound payment determination formula \$2,466,248 represents the wraparound payment for the given period. The ASES, TRIPLE-S and the Look-Alike designation letters are included for reference.

  
Thelmary Benitez, MBA  
Chief Financial Officer



PAM NIVEL CENTRAL

11 de octubre de 2018

OCT16'18MA PM3:27

Lcda. Vania Medina  
**CEO- COMMUNITY HEALTH FOUNDATION**  
Marginal Santa Cruz C-17  
Bayamón, PR 00961

**Re: Certificación Trimestral (julio a septiembre 2018)**

Estimada licenciada Medina:

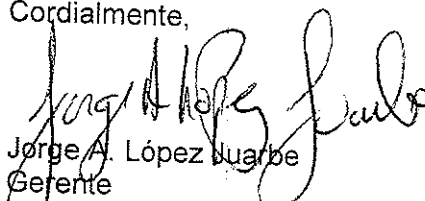
Reciban un cordial saludo de parte de la familia de Triple-S Salud y de nuestro Departamento de Grupos Médicos y Ejecución Financiera.

A continuación, encontrará la certificación solicitada, entiéndase las vidas, los pagos netos de capitación emitidos a *Anchor Health Management* y las visitas médicas facturadas, pagadas en cero (0), según acuerdo suscrito entre las partes.

Nombre del Médico Primario	Julio 2018			Agosto 2018			Septiembre 2018		
	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros
DAVILA DAVILA YELITZA M	1,250	\$ 13,745.74	564	1,233	\$ 13,563.38	468	1,174	\$ 12,914.00	2
GARRIGA BLANCO LOURDES	1,753	\$ 19,277.67	868	1,656	\$ 18,216.37	1,001	1,622	\$ 17,842.00	
GENAO ENCARNACION MAXUEL	999	\$ 10,991.13	586	982	\$ 10,797.02	530	1,007	\$ 11,077.00	
HAMDAN FIGUEROA SAHAR D	1,646	\$ 18,108.12	1,296	1,620	\$ 17,820.35	1,286	1,598	\$ 17,581.66	1
PONCE PAREDES GUILLERMO	1,713	\$ 18,843.00	767	1,607	\$ 17,672.04	722	1,572	\$ 17,292.00	1
REYES POLANCO VANESSA	1,710	\$ 18,807.52	421	1,687	\$ 18,560.20	454	1,761	\$ 19,371.00	4
ROBLES BARRETO MARIA	1,472	\$ 16,190.58	1,606	1,611	\$ 17,717.45	1,875	1,741	\$ 19,151.00	2
RODRIGUEZ VELAZQUEZ SYLMA I	1,396	\$ 15,351.03	1,503	1,351	\$ 14,857.50	830	-	\$ -	
TORRES FERNANDEZ TANIA V	1,134	\$ 12,474.00	755	1,103	\$ 12,131.23	601	1,084	\$ 11,924.00	3
VILLEGAS GARCIA REBECA	1,503	\$ 16,529.46	709	1,486	\$ 16,344.23	580	1,455	\$ 16,008.66	
<b>Gran Total</b>	<b>14,574</b>	<b>\$160,318.25</b>	<b>9,075</b>	<b>14,335</b>	<b>\$157,679.77</b>	<b>8,347</b>	<b>13,015</b>	<b>\$143,161.32</b>	<b>13</b>

De tener dudas o preguntas al respecto, puede comunicarse la Sra. Melina Mercado, Asesor Financiero para el GMP al (787) 620-1919, extensión 5609 ó 4284.

Cordialmente,

  
Jorge A. López Duarte  
Gerente  
Grupos Médicos y Ejecución Financiera

c: Melina Mercado, Asesor Financiero



11 de octubre de 2018

Lcda. Vania Medina  
**CEO- COMMUNITY HEALTH FOUNDATION**  
Marginal Santa Cruz C-17  
Bayamón, PR 00961

**Re: Certificación Trimestral (julio a septiembre 2018)**

Estimada licenciada Medina:

Reciban un cordial saludo de parte de la familia de Triple-S Salud y de nuestro Departamento de Grupos Médicos y Ejecución Financiera.

A continuación, encontrará la certificación solicitada, entiéndase las vidas, los pagos netos de capitación emitidos a *Anchor Health Management* y las visitas médicas facturadas, pagadas en cero (0), según acuerdo suscrito entre las partes.

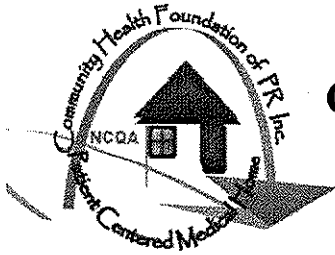
Nombre del Médico Primario	Julio 2018			Agosto 2018			Septiembre 2018		
	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros
DAVILA DAVILA YELITZA M	1,250	\$ 13,745.74	564	1,233	\$ 13,563.38	468	1,174	\$ 12,914.00	2
GARRIGA BLANCO LOURDES	1,753	\$ 19,277.67	868	1,656	\$ 18,216.37	1,001	1,622	\$ 17,842.00	
GENAO ENCARNACION MAXUEL	999	\$ 10,991.13	586	982	\$ 10,797.02	530	1,007	\$ 11,077.00	
HAMDAN FIGUEROA SAHAR D	1,646	\$ 18,108.12	1,296	1,620	\$ 17,820.35	1,286	1,598	\$ 17,581.66	1
PONCE PAREDES GUILLERMO	1,713	\$ 18,843.00	767	1,607	\$ 17,672.04	722	1,572	\$ 17,292.00	1
REYES POLANCO VANESSA	1,710	\$ 18,807.52	421	1,687	\$ 18,560.20	454	1,761	\$ 19,371.00	4
ROBLES BARRETO MARIA	1,472	\$ 16,190.58	1,606	1,611	\$ 17,717.45	1,875	1,741	\$ 19,151.00	2
RODRIGUEZ VELAZQUEZ SYLMA I	1,396	\$ 15,351.03	1,503	1,351	\$ 14,857.50	830	-	\$ -	
TORRES FERNANDEZ TANIA V	1,134	\$ 12,474.00	755	1,103	\$ 12,131.23	601	1,084	\$ 11,924.00	3
VILLEGAS GARCIA REBECA	1,503	\$ 16,529.46	709	1,486	\$ 16,344.23	580	1,455	\$ 16,008.66	
<b>Gran Total</b>	<b>14,574</b>	<b>\$160,318.25</b>	<b>9,075</b>	<b>14,335</b>	<b>\$157,679.77</b>	<b>8,347</b>	<b>13,015</b>	<b>\$143,161.32</b>	<b>13</b>

De tener dudas o preguntas al respecto, puede comunicarse la Sra. Melina Mercado, Asesor Financiero para el GMP al (787) 620-1919, extensión 5609 ó 4284.

Cordialmente,

Jorge A. López Duarte  
Gerente  
Grupos Médicos y Ejecución Financiera

c: Melina Mercado, Asesor Financiero



## Community Health Foundation of P.R., Inc.

Federal Qualified Health Center- Look- Alike  
Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

### ACUSE DE RECIBO

Se recibe de Community Health Foundation of PR factura correspondiente al Pago Prospectivo del trimestre del 1 de octubre al 31 de diciembre de 2018.

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

Hora: \_\_\_\_\_

*Carmer Benitez*  
*14/ Enero/19*  
*2:30 pm*



## Community Health Foundation of P.R., Inc.

Federal Qualified Health Center- Look- Alike  
Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

January 14, 2018

Community Health Foundation of PR, such as Federal Qualified Health Center- Look Alike (LALCS31124) and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of October 1, 2018 to December 31, 2018.

### Cost

Visits for the Period	x	PPS Rate	=	Total Costs related to Medicaid Beneficiaries
9,958		\$151.00		\$1,603,238.00

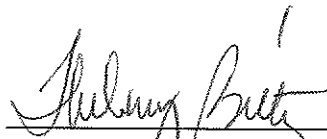
### Income

Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	=	Total Income related to Medicaid Beneficiaries
\$366,151.25		96%		\$ 351,505.20

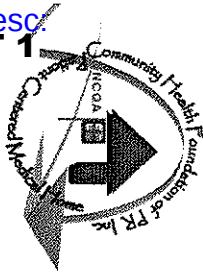
### Wraparound Payment

Total Costs related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	=	Excess of Costs over Income
\$1,603,238.00		\$351,505.20		\$1,251,732.80

As a result of the wraparound payment determination formula \$1,251,732.80 represents the wraparound payment for the given period. The ASES, TRIPLE-S, Production Analysis and the Look-Alike designation letters are included for reference.

  
\_\_\_\_\_  
Thelmary Benitez, MBA  
Chief Financial Officer





# Community Health Foundation of P.R., Inc.

Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

4 de enero de 2018

**EXHIBIT 1**

Certificación Trimestral (octubre a diciembre 2018)

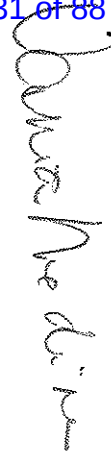
Continuación detalle de los 9,958 encuentros sostenidos para el periodo en referencia. Los mismos están desglosado por mes y por aseguradora. En el mes de octubre 2018 todos los servicios fueron brindados a través de la aseguradora Triple S. A partir del 1 de noviembre de 2018 comenzó el nuevo modelo de prestación de servicios de la JTA, con la inclusión de otras cuatro aseguradoras.

		Octubre 2018		Noviembre 2018							Diciembre 2018						
Nombre del Médico Primario	Triple S	Total	Triple S	Menonita	MMM	Molina	First Medical	Total	Triple S	Menonita	MMM	Molina	First Medical	Total			
DELITZA DAVILA DAVILA	28	28	0	0	0	0	0	0	0	0	0	0	0	0			
LUIS RIVERDES GARRIGA BLANCO	682	682	167	0	0	83	57	307	62	1	57	0	30	150			
MAXUEL GENAO GONZALEZ	545	545	164	0	64	7	92	327	34	2	37	3	49	125			
SABAR HAMDAN FIGUEROA	156	156	40	0	0	0	0	40	0	0	0	0	0	0			
GUILLERMO PONCE BARREDES	757	757	89	1	50	20	54	214	61	2	28	5	19	115			
ANESSA REYES POLOANCO	526	526	222	1	64	1	116	404	102	1	55	0	28	186			
OLGA RIVERA TRELLANO	0	0	8	5	128	6	22	169	9	2	92	3	14	120			
MARIA ROBLES BARRETO	2095	2095	448	0	107	4	134	693	188	0	71	0	47	306			
SYLMA RODRIGUEZ MELAZQUEZ	2	2	0	0	0	0	0	0	0	0	0	0	0	0			
DANIA TORRES HERNANDEZ	796	796	100	0	55	3	75	233	38	0	29	2	29	98			
REBECCA VILLEGAS GARCIA	583	583	85	0	77	0	36	198	35	0	42	0	26	103			
GRAN TOTAL		6,170	2,585							1,203							

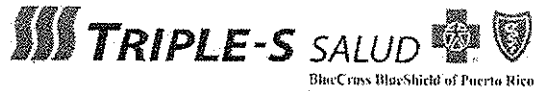
**EXHIBIT 1**

Adjunto certificación de aseguradora e informes internos de análisis de producción por proveedor por aseguradora para los meses de noviembre y diciembre 2018. De tener dudas o preguntas, puede comunicarse con la Sra. Vania Medina al (787)523-3113, extensión 1622.

Cordialmente,

A handwritten signature in black ink, appearing to read 'Vania Medina', written in a cursive style.

Vania Medina  
Directora Ejecutiva



11 de enero de 2019

Lcda. Vania Medina  
**CEO- COMMUNITY HEALTH FOUNDATION**  
 Marginal Santa Cruz C-17  
 Bayamón, PR 00961

**Re: Certificación Trimestral (octubre a diciembre 2018)**

Estimada licenciada Medina:

Reciban un cordial saludo de parte de la familia de Triple-S Salud y de nuestro Departamento de Grupos Médicos y Ejecución Financiera.

A continuación, encontrará la certificación solicitada, entiéndase las vidas, los pagos netos de capitación emitidos a *Anchor Health Management* y las visitas médicas facturadas, pagadas en cero (0), según acuerdo suscrito entre las partes. Cabe señalar que a partir del 1 de noviembre del 2018 comenzó el nuevo modelo de prestación de servicios, VITAL.

Nombre del Médico Primario	Octubre 2018			Noviembre 2018			Diciembre 2018		
	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros	Membresía	Pago	Encuentros
DAVILA DAVILA YEUTZA M	1,281	\$ 14,089.82	28	7	\$ 89.44	0	4	\$ 45.50	0
GARRIGA BLANCO LOURDES	1,655	\$ 18,206.07	682	557	\$ 6,602.92	167	849	\$ 10,243.33	62
GENAO ENCARNACION MAXUEL	979	\$ 10,771.13	545	311	\$ 4,175.83	164	514	\$ 7,517.24	34
HAMDAN FIGUEROA SAHAR D	1,624	\$ 17,865.06	156	694	\$ 10,044.45	40	655	\$ 9,417.67	
PONCE PAREDES GUILLERMO	1,591	\$ 17,502.84	757	516	\$ 6,362.65	89	815	\$ 10,400.23	61
REYES POLANCO VANESSA	1,678	\$ 18,455.17	526	536	\$ 7,591.13	222	1,033	\$ 15,796.71	102
RIVERA ORELLANO, OLGA D	-	\$ -	0			8	33	\$ 625.10	9
ROBLES BARRETO MARIA	1,596	\$ 17,557.06	2095	516	\$ 7,970.26	448	1,007	\$ 16,937.10	188
RODRIGUEZ VELAZQUEZ SYLMA I	1,339	\$ 14,733.97	2	5	\$ 71.80		2	\$ 24.24	
TORRES FERNANDEZ TANIA V	1,097	\$ 12,067.00	796	317	\$ 4,274.46	100	573	\$ 8,625.41	38
VILLEGAS GARCIA REBECA	1,475	\$ 16,221.46	583	513	\$ 5,963.65	85	716	\$ 8,452.29	35
<b>Gran Total:</b>	<b>14,315</b>	<b>\$157,469.58</b>	<b>6,170</b>	<b>3,972</b>	<b>\$ 53,146.59</b>	<b>1,323</b>	<b>6,201</b>	<b>\$ 88,084.82</b>	<b>529</b>

De tener dudas o preguntas al respecto, puede comunicarse la Sra. Melina Mercado, Asesor Financiero para el GMP al (787) 620-1919, extensión 5609 ó 4284.

Cordialmente,

Jorge A. López Juarbe  
 Gerente  
 Grupos Médicos y Ejecución Financiera

c: Melina Mercado, Asesor Financiero



# Análisis de Producción

Community Health Fundation of PR

Agrupado por: Plan Médico Planes:GHP FM,GHP MENONITA,GHP MMM,GHP MOLINA / Prof.:ROBLES / Serv.Date : 11/1/2018-11/30/2018 /

ID	Descripción	Cantidades (Unidades únicas)		Facturado/Cobrado a Planes Médicos		Facturado/Cobrado a Pacientes		Facturado / Cobrado Totales		Razón Facturado
		Recl.	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos
GHP FM	GHP First Medical	134	123	699	5.55	0.00	0.00	n/a	5.55	0.00
GHP MM	GHP MMM	107	89	541	4.27	0.00	0.00	n/a	4.27	0.00
GHP MOL	GHP Molina	4	4	19	0.14	0.00	0.00	n/a	0.14	0.00
		245	216	1,259	\$9.96	\$0.00	\$0.00	n/a	9.96	0.00

# Análisis de Producción

Community Health Foundation of PR

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		Recl	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	47	45	282	2.29	0.01	0.00	n/a	2.29	0.01	42.80%
GHP MM	GHP MMM	71	68	382	3.06	1,082.41	0.00	n/a	3.06	1,082.41	57.20%
		118	113	664	\$5.35	\$1,082.42	\$0.00	n/a	5.35	1,082.42	

# Análisis de Producción

Community Health Fundation of PR

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		Recd	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	36	35	86	0.43	0.00	0.00	n/a	0.43	0.00	29.45%
GHP MM	GHP MMM	77	67	196	1.03	0.00	0.00	n/a	1.03	0.00	70.55%
		113	102	282	\$1.46	\$0.00	\$0.00	n/a	1.46	0.00	

# Análisis de Producción

Community Health Foundation of PR

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		Red	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	26	26	78	0.46	0.00	0.00	n/a	0.46	0.00	54.12%
GHP MM	GHP MMM	42	41	87	0.39	698.12	0.00	n/a	0.39	698.12	45.88%
		68	67	165	\$0.85	\$698.12	\$0.00	n/a	0.85	698.12	

Community Health Fundation of PR

# Análisis de Producción

Agrupado por: Plan Médico Planes:GHP FM,GHP MENONITA,GHP MMM,GHP MOLINA / Prof.:TORRES / Serv.Date : 11/1/2018-11/30/2018 /

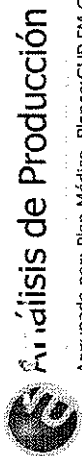
ID	Descripción	Cantidades (Unidades únicas)			Facturado/Cobrado a Planes Médicos		Facturado/Cobrado a Pacientes		Facturado / Cobrado Totales		Razón Facturado
		Reci.	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	75	68	324	2.35	0.00	0.00	n/a	2.35	0.00	59.64%
GHP MM	GHP MMM	55	50	208	1.49	0.00	0.00	n/a	1.49	0.00	37.82%
GHP MOL	GHP Molina	3	3	13	0.10	0.00	0.00	n/a	0.10	0.00	2.54%
		133	121	545	\$3.94	\$0.00	\$0.00	n/a	3.94	0.00	

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ID	Descripción	Cantidades (Unidades únicas)			Facturado/Cobrado a Planes Médicos		Facturado/Cobrado a Pacientes		Facturado / Cobrado Totales		Razón Facturado
		Recl	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	29	28	157	1.22	0.00	0.00	n/a	1.22	0.00	53.74%
GHP MM	GHP MMM	29	26	138	1.03	581.54	0.00	n/a	1.03	581.54	45.37%
GHP MOL	GHP Molina	2	2	4	0.02	0.00	0.00	n/a	0.02	0.00	0.88%
		60	56	299	\$2.27	\$581.54	\$0.00	n/a	2.27	581.54	



# Análisis de Producción

Community Health Foundation of PR

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		Recl	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	22	21	64	0.42	0.00	0.00	n/a	0.42	0.00	16.47%
GHP MEN	PLAN DE SALUD MENONITA VITA	5	4	15	0.10	0.00	0.00	n/a	0.10	0.00	3.92%
GHP MM	GHP MMM	128	117	319	1.92	0.00	0.00	n/a	1.92	0.00	75.29%
GHP MOL	GHP Molina	6	6	17	0.11	0.00	0.00	n/a	0.11	0.00	4.31%
		161	148	415	\$2.55	\$0.00	\$0.00	n/a	2.55	0.00	

# Análisis de Producción

Community Health Foundation of PR

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		Recl.	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	14	11	26	0.12	0.00	0.00	n/a	0.12	0.00	8.00%
GHP MEN	PLAN DE SALUD MENONITA VITA	2	2	4	0.02	0.00	0.00	n/a	0.02	0.00	1.33%
GHP MM	GHP MMM	92	87	228	1.36	0.00	0.00	n/a	1.36	0.00	90.67%
GHP MOL	GHP Molina	3	3	3	0.00	0.00	0.00	n/a	0.00	0.00	0.00%
		111	103	261	\$1.50	\$0.00	\$0.00	n/a	1.50	0.00	



# Análisis de Producción

Community Health Foundation of PR

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		Recl	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	116	106	361	2.45	0.00	0.00	n/a	2.45	0.00	66.82%
GHP MEN	PLAN DE SALUD MENONITA VITA	1	1	1	0.00	0.00	0.00	n/a	0.00	0.00	0.00%
GHP MM	GHP MMM	64	58	176	1.11	0.00	0.00	n/a	1.11	0.00	31.18%
GHP MOL	GHP Molina	1	1	1	0.00	0.00	0.00	n/a	0.00	0.00	0.00%
		182	166	539	\$3.56	\$0.00	\$0.00	n/a	3.56	0.00	

# Análisis de Producción

Community Health Foundation of PR

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		Recl	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	28	28	70	0.42	0.00	0.00	n/a	0.42	0.00	26.25%
GHP MEN	PLAN DE SALUD MENONITA VITA	1	1	4	0.03	0.00	0.00	n/a	0.03	0.00	1.88%
GHP MM	GHP MMM	55	53	170	1.15	735.82	0.00	n/a	1.15	735.82	71.88%
		84	82	244	\$1.60	\$735.82	\$0.00	n/a	1.60	735.82	

# Análisis de Producción



Community Health Foundation of PR

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		Recl	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	54	48	131	0.70	0.00	0.00	n/a	0.70	0.00	4.80%
GHP MEN	PLAN DE SALUD MENONITA VITA	1	1	2	0.01	0.00	0.00	n/a	0.01	0.00	0.07%
GHP MM	GHP MMM	50	40	146	0.87	0.00	0.00	n/a	0.87	0.00	5.96%
GHP MOL	GHP Molina	20	16	65	13.01	0.00	0.00	n/a	13.01	0.00	89.17%
		125	105	344	\$14.59	\$0.00	\$0.00	n/a	14.59	0.00	



# Análisis de Producción

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Community Health Fundation of PR

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		Reci	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	19	16	39	0.19	20.01	0.00	n/a	0.19	20.01	27.14%
GHP MEN	PLAN DE SALUD MENONITA VITA	2	1	4	0.02	0.00	0.00	n/a	0.02	0.00	2.86%
GHP MM	GHP MMM	28	24	75	0.42	380.01	0.00	n/a	0.42	380.01	60.00%
GHP MOL	GHP Molina	5	5	12	0.07	0.00	0.00	n/a	0.07	0.00	10.00%
		54	46	130	\$0.70	\$400.02	\$0.00	n/a	0.70	400.02	



## Análisis de Producción

Agrupado por: Plan Médico Planes: GHP FM, GHP MENONITA, GHP MMM, GHP MOLINA / Prof.: GENAO / Serv. Date : 11/1/2018-11/30/2018 /

Community Health Foundation of PR

ID	Descripción	Cantidades (Unidades únicas)			Facturado/Cobrado a Planes Médicos		Facturado/Cobrado a Pacientes		Facturado / Cobrado Totales		Razón Facturado
		Red.	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	92	87	240	1.38	0.00	0.00	n/a	1.38	0.00	62.16%
GHP MM	GHP MMM	64	59	142	0.72	0.00	0.00	n/a	0.72	0.00	32.43%
GHP MOL	GHP Molina	7	6	20	0.12	0.00	0.00	n/a	0.12	0.00	5.41%
		163	152	402	\$2.22	\$0.00	\$0.00	n/a	2.22	0.00	

# Análisis de Producción

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Community Health Foundation of PR

ID	Descripción	Cantidades (Unidades únicas)			Facturado/Cobrado a Planes Medicos		Facturado/Cobrado a Pacientes		Facturado / Cobrado Totales		Razón Facturado
		Recl.	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	49	46	113	0.61	0.00	0.00	n/a	0.61	0.00	52.14%
GHP MEN	PLAN DE SALUD MENONITA VITA	2	1	3	0.01	0.00	0.00	n/a	0.01	0.00	0.85%
GHP MM	GHP MMM	37	36	84	0.43	679.08	0.00	n/a	0.43	679.08	36.75%
GHP MOL	GHP Molina	3	3	15	0.12	0.00	0.00	n/a	0.12	0.00	10.26%
		91	86	215	\$1.17	\$679.08	\$0.00	n/a	1.17	679.08	



# Análisis de Producción

Community Health Fundation of PR

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		Recl.	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	57	42	136	0.65	0.00	0.00	n/a	0.65	0.00	36.31%
GHP MM	GHP MMM	83	73	220	1.14	0.00	0.00	n/a	1.14	0.00	63.69%
		140	115	356	\$1.79	\$0.00	\$0.00	n/a	1.79	0.00	

# Análisis de Producción

Agrupado por: Plan Médico Planes:GHP FM,GHP MENONITA,GHP MMM,GHP MOLINA / Prof.:GARRIGA / Serv.Date : 12/1/2018-12/31/2018 /

Community Health Foundation of PR

ID	Descripción	Cantidades (Unidades Únicas)			Facturado/Cobrado a Planes Médicos		Facturado/Cobrado a Pacientes		Facturado / Cobrado Totales		Razon Facturado
		Recl	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	30	29	91	0.51	0.00	0.00	n/a	0.51	0.00	38.06%
GHP MM	GHP MMM	57	52	151	0.83	748.06	0.00	n/a	0.83	748.06	61.94%
GHP MOL	GHP Molina	1	1	2	0.00	0.00	0.00	n/a	0.00	0.00	0.00%
		88	82	244	\$1.34	\$748.06	\$0.00	n/a	1.34	748.06	



## Community Health Foundation of P.R., Inc.

Federal Qualified Health Center- Look- Alike  
Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

### ACUSE DE RECIBO

Se recibe de Community Health Foundation of PR factura correspondiente al Pago Prospectivo  
del trimestre del 1 de enero al 31 de marzo de 2019.

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

Hora: \_\_\_\_\_

*[Handwritten Signature]*  
*04/16/2019*  
*2:50 pm*



## Community Health Foundation of P.R., Inc.

Federal Qualified Health Center- Look- Alike  
Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

April 15, 2019

Community Health Foundation of PR, such as Federal Qualified Health Center- Look Alike (LALCS31124) and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of October 1, 2018 to December 31, 2018.

### Cost

Visits for the Period	x	PPS Rate	=	Total Costs related to Medicaid Beneficiaries
7,012		\$161.00		\$1,128,932.00

### Income

Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	=	Total Income related to Medicaid Beneficiaries
\$ 363,830.00		96%		\$ 349,276.80

### Wraparound Payment

Total Costs related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	=	Excess of Costs over Income
\$1,128,932.00		\$349,276.80		\$779,655.20

As a result of the wraparound payment determination formula \$779,655.20 represents the wraparound payment for the given period. The Production Analysis and the Look-Alike designation letters are included for reference.

*Vania Medina*

Lic. Vania Medina  
Chief Executive Officer

*[Signature]*



## Community Health Foundation of P.R., Inc.

Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

15 de abril de 2019

Certificación Trimestral (enero a marzo 2019)

A continuación detalle de los 7,012 encuentros sostenidos para el periodo en referencia. Los mismos están desglosado por mes y por aseguradora.

Nombre del Médico Primario	Enero 2019					
	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA BLANCO	196	0	28	0	19	243
MAXUEL GENAO ENCARNACION	194	0	24	0	35	253
GUILLERMO PONCE PAREDES	262	3	48	6	30	349
VANESSA REYES POLANCO	254	0	34	0	16	304
OLGA RIVERA ORELLANO	315	1	33	0	11	360
MARIA ROBLES BARRETO	297	0	38	0	29	364
TANIA TORRES FERNANDEZ	173	0	29	0	17	219
REBECA VILLEGAS GARCIA	116	1	36	0	27	180
<b>GRAN TOTAL</b>						<b>2,272</b>

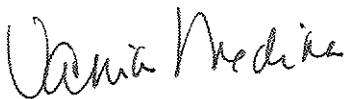
Nombre del Médico Primario	Febrero 2019					
	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA BLANCO	199	0	14	0	21	234
MAXUEL GENAO ENCARNACION	257	0	19	0	29	305
GUILLERMO PONCE PAREDES	271	1	43	3	16	334
VANESSA REYES POLANCO	252	0	34	0	9	295
OLGA RIVERA ORELLANO	333	0	30	0	1	364
MARIA ROBLES BARRETO	297	0	6	0	25	328
TANIA TORRES FERNANDEZ	175	0	15	0	15	205
REBECA VILLEGAS GARCIA	196	0	37	0	26	259
<b>GRAN TOTAL</b>						<b>2,324</b>



Nombre del Médico Primario	Marzo 2019					
	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA BLANCO	211	0	36	0	18	265
MAXUEL GENAO ENCARNACION	300	0	38	0	21	359
GUILLERMO PONCE PAREDES	303	1	35	0	20	359
VANESSA REYES POLANCO	48	0	2	0	0	50
OLGA RIVERA ORELLANO	369	0	39	0	4	412
MARIA ROBLES BARRETO	371	0	39	0	21	431
TANIA TORRES FERNANDEZ	225	0	28	0	19	272
REBECA VILLEGAS GARCIA	217	0	32	0	19	268
<b>GRAN TOTAL</b>						<b>2,416</b>

Adjunto análisis de producción por proveedor por aseguradora. De tener dudas o preguntas, puede comunicarse con la Sra. Vania Medina al (787)523-3113, extensión 1622.

Cordialmente,



Lic. Vania Medina  
Directora Ejecutiva





## Community Health Foundation of P.R., Inc.

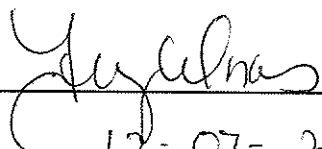
Federal Qualified Health Center- Look- Alike  
Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

### ACUSE DE RECIBO

Se recibe de Community Health Foundation of PR factura correspondiente al Pago Prospectivo  
del trimestre del 1 de abril al 30 de junio de 2019

#### Documentos a entregar a:

Felmary Cruz  
Finanzas Fiscal

Firma:   
Fecha: 12-07-2019  
Hora: 10:56 Am



## Community Health Foundation of P.R., Inc.

Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

11 de julio de 2019

Certificación Trimestral (abril a junio 2019)

A continuación detalle de los 8,735 encuentros sostenidos para el periodo en referencia. Los mismos están desglosado por mes, proveedor y aseguradora.

Nombre del Médico Primario	Abril 2019					
	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	228	-	30	-	19	277
MAXUEL GENAO	344	-	32	-	36	412
GUILLERMO PONCE	231	2	14	-	17	264
VANESSA REYES	312	-	23	-	19	354
OLGA RIVERA	384	-	40	-	7	431
MARIA ROBLES	314	-	23	-	18	355
TANIA TORRES	158	-	18	-	11	187
REBECA VILLEGAS	272	-	21	-	19	312
KARLA ROSARIO	333	-	19	-	18	370
<b>TOTAL ABRIL 2019</b>	<b>2,576</b>	<b>2</b>	<b>220</b>	<b>-</b>	<b>164</b>	<b>2,962</b>

Nombre del Médico Primario	Mayo 2019					
	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	295	-	39	-	37	371
MAXUEL GENAO	362	-	40	-	25	427
GUILLERMO PONCE	247	6	33	1	8	295
VANESSA REYES	293	-	20	-	12	325
OLGA RIVERA	294	-	29	-	8	331
MARIA ROBLES	419	-	33	-	24	476
TANIA TORRES	223	-	21	-	19	263
REBECA VILLEGAS	147	-	14	-	10	171
KARLA ROSARIO	280	-	30	-	30	340
<b>TOTAL MAYO 2019</b>	<b>2,560</b>	<b>6</b>	<b>259</b>	<b>1</b>	<b>173</b>	<b>2,999</b>



## Community Health Foundation of P.R., Inc.

Federal Qualified Health Center- Look- Alike  
Marginal Santa Cruz C-17, Bayamón, P. R., 00961  
Tel. 787-523-3113 • Fax. 787-786-8690

July 11, 2019

Community Health Foundation of PR, such as Federal Qualified Health Center- Look Alike (LALCS31124) and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of April 1, 2019 to June 30, 2019.

Cost			
Visits for the Period	x	PPS Rate	= Total Cost's related to Medicaid Beneficiaries
8,735		\$161.00	\$1,406,335.00
Income			
Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	= Total Income related to Medicaid Beneficiaries
\$372,496.68		86%	\$320,347.14
Wraparound Payment			
Total Cost's related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	= Excess of Costs over Income
\$1,406,335.00		\$320,347.14	\$1,085,987.86

As a result of the wraparound payment determination formula \$1,085,987.86 represents the wraparound payment for the given period. The Production Analysis and the Look-Alike designation letters are included for reference.

*Vania Medina*

Lic. Vania Medina  
Chief Executive Officer

Nombre del Médico Primario	Junio 2019					
	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	239	-	36	-	21	296
MAXUEL GENAO	148	-	11	-	17	176
GUILLERMO PONCE	208	1	26	-	19	254
VANESSA REYES	283	-	28	-	21	332
OLGA RIVERA	345	-	38	-	11	394
MARIA ROBLES	336	-	32	-	33	401
TANIA TORRES	209	-	36	-	14	259
REBECA VILLEGAS	254	-	37	-	15	306
KARLA ROSARIO	312	-	20	-	24	356
<b>TOTAL JUNIO 2019</b>	<b>2,334</b>	<b>1</b>	<b>264</b>	<b>-</b>	<b>175</b>	<b>2,774</b>

Adjunto análisis de producción por proveedor por aseguradora. De tener dudas o preguntas, puede comunicarse con la Sra. Vania Medina al (787)523-3113, extensión 1622.

Cordialmente,

Lic. Vania Medina  
Directora Ejecutiva



# Análisis de Producción

Agrupado por: Plan Médico Planes:GHP FM,GHP MENONITA,GHP MMM,GHP MOLINA,MI SALUD / Prov.:ANCHOR,CHPR / Prof.:GARRIGA,GENAO,OLGA,PONCE,REYES,ROBLES,ROSARIO,TORRES,VILLEGAS / Serv.Date : 4/1/2019-6/30/2019 /

ID	Descripción	Cantidades (Unidades únicas)			Facturado/Cobrado a Planes Médicos		Facturado/Cobrado a Pacientes		Facturado / Cobrado Totales		Razón Facturado
		Reci.	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	512	335	1,891	1,005.66	104.38	0.00	n/a	1,005.66	104.38	83.32%
GHP MEN	PLAN DE SALUD MENONITA psg	9	6	22	0.13	255.00	0.00	n/a	0.13	255.00	0.01%
GHP MM	GHP MMM	743	502	2,395	27.50	11.68	0.00	n/a	27.50	11.68	2.28%
GHP MOL	GHP Molina	1	1	1	0.00	35.69	0.00	n/a	0.00	35.69	0.00%
MI SALUD	Triple S Mi Salud	7470	4487	22,527	173.63	4,688.05	0.00	n/a	173.63	4,688.05	14.39%
		8735	5331	26,836	\$1,206.92	\$5,094.80	\$0.00	n/a	1,206.92	5,094.80	



**COMMUNITY**

HEALTH FOUNDATION OF P.R. INC.

Marginal Santa Cruz C-17, Bayamón, P. R. 00961

Tel. 787-780-1273 • 787-625-6119 • 787-786-4600

Fax. 787-786-8690 • 737-785-9381

### ACUSE DE RECIBO

Se recibe de Community Health Foundation of PR factura correspondiente al Pago Prospectivo  
del trimestre del 1 de julio al 30 de septiembre de 2019.

Firma: 

Fecha: 10-11-2019

Hora: 10:07 AM





October 10, 2019

Community Health Foundation of PR, such as Federal Qualified Health Center- Look Alike (LALCS31124) and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of July 1, 2019 to September 30, 2019.

<b>Cost</b>				
Visits for the Period	x	PPS Rate	=	Total Cost s related to Medicaid Beneficiaries
8,857		\$161.00		\$1,425,977.00
<b>Income</b>				
Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	=	Total Income related to Medicaid Beneficiaries
\$376,288.80		86%		\$323,608.37
<b>Wraparound Payment</b>				
Total Cost s related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	=	Excess of Costs over Income
\$1,425,977.00		\$323,608.37		\$1,102,368.63

As a result of the wraparound payment determination formula \$1,102,368.63 represents the wraparound payment for the given period. The Production Analysis and the Look-Alike designation letters are included for reference.

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Lic. Vania Medina  
Chief Executive Officer



**COMMUNITY**  
HEALTH FOUNDATION OF P.R. INC.  
Marginal Santa Cruz C-17, Bayamón, P. R. 00961  
Tel. 787-780-1273 • 787-625-6119 • 787-786-4600  
Fax. 787-786-8690 • 787-785-9381

Julio 2019						
Nombre del Médico Primario	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	251	-	-	-	13	264
MAXUEL GENAO	354	-	-	-	26	380
GUILLERMO PONCE	264	-	-	-	16	280
VANESSA REYES	298	-	-	-	15	313
OLGA RIVERA	417	-	-	-	8	425
MARIA ROBLES	417	-	-	-	25	442
TANIA TORRES	160	-	-	-	10	170
REBECA VILLEGAS	194	-	-	-	15	209
KARLA ROSARIO	350	-	-	-	24	374
<b>Total Julio 2019</b>	<b>2,705</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>152</b>	<b>2,857</b>

Agosto 2019						
Nombre del Médico Primario	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	241	-	-	-	18	259
MAXUEL GENAO	344	-	-	-	31	375
GUILLERMO PONCE	359	-	-	3	18	380
VANESSA REYES	335	-	-	-	16	351
OLGA RIVERA	340	-	-	-	10	350
MARIA ROBLES	405	-	-	-	25	430
TANIA TORRES	307	-	-	-	27	334
REBECA VILLEGAS	216	-	-	-	14	230
KARLA ROSARIO	354	-	-	-	25	379
<b>Total Agosto 2019</b>	<b>2,901</b>	<b>-</b>	<b>-</b>	<b>3</b>	<b>184</b>	<b>3,088</b>

Septiembre 2019						
Nombre del Médico Primario	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	273	-	-	-	28	301
MAXUEL GENAO	367	-	-	-	30	397
GUILLERMO PONCE	271	-	-	-	24	295
VANESSA REYES	286	-	-	-	4	290
OLGA RIVERA	348	-	-	-	10	358
MARIA ROBLES	360	-	-	-	18	378
TANIA TORRES	303	-	-	-	20	323
REBECA VILLEGAS	192	-	-	-	15	207
KARLA ROSARIO	339	-	-	-	24	363
<b>Total Septiembre 2019</b>	<b>2,739</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>173</b>	<b>2,912</b>

GRAN TOTAL TRIMESTRAL

8,857

# Análisis de Producción

Community Health Foundation of PR

Agrupado por: Plan Médico Planes:GHP FM,GHP MENONITA,GHP MOLINA,GHP PMC,MI SALUD / Prov.:CHFPR / Prof.:GARRIGA,GENAO,OLGA,PONCE,REYES,ROBLES,ROSARIO,TORRES,VILLEGAS / Serv.Date : 9/1/2019-9/30/2019 /

ID	Descripción	Cantidades (Unidades únicas)			Facturado/Cobrado a Planes Médicos		Facturado/Cobrado a Pacientes		Facturado / Cobrado Totales		Razón Facturado
		Red.	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	173	146	589	213.81	502.69	0.00	n/a	213.81	502.69	-5.63%
GHP MEN	PLAN DE SALUD MENONITA psg	0	0	0	0.00	0.00	0.00	n/a	0.00	0.00	0.00%
GHP MOL	GHP Molina	0	0	0	0.00	0.00	0.00	n/a	0.00	0.00	0.00%
MI SALUD	Triple S Mi Salud	2739	2276	8,535	-4,010.06	35.00	0.00	n/a	-4,010.06	35.00	105.63%
		2912	2422	9,124	(\$3,796.25)	\$537.69	\$0.00	n/a	-3,796.25	537.69	





## Análisis de Producción

Community Health Fundation of PR

Agrupado por: Plan Médico Planes:GHP FM,GHP MENONITA,GHP MOLINA,GHP PMC,MI SALUD / Prov.:CHFPR / Prof.:GARRIGA,GENAO,OLGA,PONCE,REYES,ROBLES,ROSARIO,TORRES,VILLEGAS / Serv.Date : 8/1/2019-8/31/2019 /

ID	Descripción	Cantidades (Unidades únicas)			Facturado/Cobrado a Planes Médicos		Facturado/Cobrado a Pacientes		Facturado/Cobrado Totales		Razón Facturado
		Recd	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	184	157	588	333.70	595.36	0.00	n/a	333.70	595.36	-17.09%
GHP MEN	PLAN DE SALUD MENONITA psg	0	0	0	0.00	20.00	0.00	n/a	0.00	20.00	0.00%
GHP MOL	GHP Molina	3	3	13	0.08	0.00	0.00	n/a	0.08	0.00	0.00%
MI SALUD	Triple S Mi Salud	2901	2414	8,931	-2,286.88	31.00	0.00	n/a	-2,286.88	31.00	117.09%
		3088	2574	9,532	(\$1,953.10)	\$646.36	\$0.00	n/a	-1,953.10	646.36	

# Análisis de Producción

Community Health Foundation of PR

Agrupado por: Plan Médico Planes:GHP FM,GHP MENONITA,GHP MOLINA,GHP PMC,MI SALUD / Prov.:CHFPR / Prof.:GARRIGA,GENAO,OLGA,PONCE,REYES,ROBLES,ROSARIO,TORRES,VILLEGAS / Serv.Date : 7/1/2019-7/31/2019 /

ID	Descripción	Cantidades (Unidades únicas)			Facturado/Cobrado a Planes Médicos		Facturado/Cobrado a Pacientes		Facturado / Cobrado Totales		Razon Facturado
		Reci	Pacientes	Servicios	Cargos	Pagos	Cargos	Pagos	Cargos	Pagos	
GHP FM	GHP First Medical	152	132	544	933.35	710.36	0.00	n/a	933.35	710.36	93.16%
GHP MEN	PLAN DE SALUD MENONITA psg	0	0	0	0.00	0.00	0.00	n/a	0.00	0.00	0.00%
GHP MOL	GHP Molina	0	0	0	0.00	0.00	0.00	n/a	0.00	0.00	0.00%
MI SALUD	Triple S Mi Salud	2705	2291	8,490	68.56	52.00	0.00	n/a	68.56	52.00	6.84%
		2857	2423	9,034	\$1,001.91	\$762.36	\$0.00	n/a	1,001.91	762.36	

PAN NIVEL CENTRAL

ENE15'20MIA11:31



**COMMUNITY**

HEALTH FOUNDATION OF P.R. INC.

Marginal Santa Cruz C-17, Bayamón, P. R. 00961

Tel. 787-780-1273 • 787-625-5119 • 787-786-4600

Fax. 787-786-8690 • 787-785-9381

### ACUSE DE RECIBO

Se recibe de Community Health Foundation of PR factura correspondiente al Pago Prospectivo del trimestre del 1 de octubre al 31 de diciembre de 2019.

Firma: *[Handwritten Signature]*

Fecha: 1-15-2020

Hora: 11:23 pm





**COMMUNITY**  
HEALTH FOUNDATION OF P.R. INC.  
Marginal Santa Cruz C-17, Bayamón, P. R. 00961  
Tel. 787-780-1273 • 787-625-6119 • 787-786-4600  
Fax. 787-786-8690 • 787-785-9381

January 13, 2020

Community Health Foundation of PR, such as Federal Qualified Health Center-CHC and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of October 1, 2019 to December 31, 2019.

Cost				
Visits for the Period	x	PPS Rate	=	Total Costs related to Medicaid Beneficiaries
7,785		\$161		\$1,253,385
Income				
Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	=	Total Income related to Medicaid Beneficiaries
\$389,710		86%		\$335,151
Wraparound Payment				
Total Costs related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	=	Excess of Costs over Income
\$1,253,385		\$335,151		\$918,234

As a result of the wraparound payment determination formula \$1,102,368.63 represents the wraparound payment for the given period. The Production Analysis and the Look-Alike designation letters are included for reference.

Lic. Vania Medina  
Chief Executive Officer



**COMMUNITY**  
HEALTH FOUNDATION OF P.R. INC.  
Marginal Santa Cruz C-17, Bayamón, P. R. 00961  
Tel. 787-780-1273 • 787-625-6119 • 787-786-4600  
Fax. 787-786-8690 • 787-785-9381

Octubre 2019						
Nombre del Médico Primario	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	275		43		25	343
MAXUEL GENAO	353	-	30	-	28	411
GUILLERMO PONCE	378	-	45	-	25	448
VANESSA REYES	261	-	30	-	8	299
OLGA RIVERA	397		34		8	439
MARIA ROBLES	313	-	24	-	17	354
TANIA TORRES	254	-	27	-	24	305
REBECA VILLEGAS	224	-	36	-	21	281
KARLA ROSARIO	348	-	29	-	36	413
<b>Total Octubre 2019</b>	<b>2,803</b>	<b>-</b>	<b>298</b>	<b>-</b>	<b>192</b>	<b>3,293</b>

Noviembre 2019						
Nombre del Médico Primario	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	116	-	13		13	142
MAXUEL GENAO	230	-	19		29	278
GUILLERMO PONCE	253	-	16	1	19	289
VANESSA REYES	196	-	21	-	11	228
OLGA RIVERA	321	-	29		10	360
MARIA ROBLES	309	-	29		28	366
TANIA TORRES	110	-	9	-	10	129
REBECA VILLEGAS	209	-	27	-	11	247
KARLA ROSARIO	285	-	19		30	334
<b>Total Noviembre 2019</b>	<b>2,029</b>	<b>-</b>	<b>182</b>	<b>1</b>	<b>161</b>	<b>2,373</b>

Diciembre 2019						
Nombre del Médico Primario	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	219	-	28	-	17	264
MAXUEL GENAO	268	-	21	-	19	308
GUILLERMO PONCE	255	-	9	-	12	276
VANESSA REYES	248	-	19	-	7	274
MARIA ROBLES	285	-	32	-	12	329
TANIA TORRES	144	-	9	-	6	159
REBECA VILLEGAS	185	-	12	-	13	210
KARLA ROSARIO	272	-	11	-	16	299
<b>Total Diciembre 2019</b>	<b>1,876</b>	<b>-</b>	<b>141</b>	<b>-</b>	<b>102</b>	<b>2,119</b>

GRAN TOTAL TRIMESTRAL

7,785



**COMMUNITY**

HEALTH FOUNDATION OF P.R. INC.

Marginal Santa Cruz C-17, Bayamón, P. R. 00961

Tel. 787-780-1273 • 787-625-6119 • 787-786-4600

Fax. 787-786-8690 • 787-785-9381

### ACUSE DE RECIBO

Se recibe de Community Health Foundation of PR factura correspondiente al Pago Prospectivo  
del trimestre del 1 de enero al 31 de marzo de 2020.

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

Hora: \_\_\_\_\_





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enero 2020						
Nombre del Médico Primario	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	198	-	24	-	10	232
MAXUEL GENAO	238	-	23	-	18	279
GRISELL LOPEZ	240	-	-	-	-	240
GUILLERMO PONCE	281	-	16	-	19	316
VANESSA REYES	244	-	12	-	11	267
MARIA ROBLES	291	-	18	-	14	323
TANIA TORRES	107	-	15	-	6	128
REBECA VILLEGAS	157	-	20	-	8	185
KARLA ROSARIO	278	-	20	-	27	325
<b>Total enero 2020</b>	<b>2,034</b>	<b>-</b>	<b>148</b>	<b>-</b>	<b>113</b>	<b>2,295</b>

febrero 2020						
Nombre del Médico Primario	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	246	-	36	-	15	297
MAXUEL GENAO	253	-	27	-	30	310
GRISELL LOPEZ	296	-	-	-	-	296
YADIRA MORAN	-	-	17	-	-	17
GUILLERMO PONCE	318	-	24	-	20	362
VANESSA REYES	265	-	18	-	8	291
MARIA ROBLES	275	-	41	-	10	326
TANIA TORRES	150	-	16	-	10	176
REBECA VILLEGAS	223	-	15	-	15	253
KARLA ROSARIO	321	-	22	-	27	370
<b>Total febrero 2020</b>	<b>2,347</b>	<b>-</b>	<b>216</b>	<b>-</b>	<b>135</b>	<b>2,698</b>

marzo 2020						
Nombre del Médico Primario	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	130	-	14	-	11	155
MAXUEL GENAO	216	-	17	-	26	259
GRISELL LOPEZ	272	-	-	-	-	272
YADIRA MORAN	-	-	18	-	-	18
GUILLERMO PONCE	229	-	11	2	10	252
VANESSA REYES	262	-	27	-	6	295
MARIA ROBLES	318	-	29	1	20	368
TANIA TORRES	54	-	6	-	1	61
REBECA VILLEGAS	141	-	9	-	15	165
KARLA ROSARIO	229	-	8	-	15	252
<b>Total marzo 2020</b>	<b>1,851</b>	<b>-</b>	<b>139</b>	<b>3</b>	<b>104</b>	<b>2,097</b>

GRAN TOTAL TRIMESTRAL

7,090



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April 15, 2020

Community Health Foundation of PR, such as Federal Qualified Health Center-CHC and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of January 1, 2020 to March 31, 2020.

<b>Cost</b>			
Visits for the Period	x	PPS Rate	= Total Cost s related to Medicaid Beneficiaries
7,090		\$161.00	\$1,141,490.00
<b>Income</b>			
Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	= Total Income related to Medicaid Beneficiaries
\$392,678.00		86%	\$337,703.08
<b>Wraparound Payment</b>			
Total Cost s related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	= Excess of Costs over Income
\$1,141,490.00		\$337,703.08	\$803,786.92

As a result of the wraparound payment determination formula \$803,786.92 represents the wraparound payment for the given period. The Production Analysis ais included for reference.

\_\_\_\_\_  
Lic. Vania Medina  
Chief Executive Officer



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July 15, 2020

Community Health Foundation of PR, such as Federal Qualified Health Center-CHC and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of ~~January 1, 2020 to March 31, 2020.~~

<u>Cost</u>			
Visits for the Period	x	PPS Rate	= Total Costs related to Medicaid Beneficiaries
5,475		\$161.00	\$881,475.00
<u>Income</u>			
Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	= Total Income related to Medicaid Beneficiaries
\$405,571.30		86%	\$348,791.32
<u>Wraparound Payment</u>			
Total Cost s related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	= Excess of Costs over Income
\$881,475.00		\$348,791.32	\$532,683.68

As a result of the wraparound payment determination formula \$803,786.92 represents the wraparound payment for the given period. The Production Analysis ais included for reference.

Lic. Vania Medina  
Chief Executive Officer





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**Certificación trimestral del 1 de abril al 30 de junio 2020**

	abril 2020					
Nombre del Médico Primario	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	109	-	4	-	-	113
MAXUEL GENAO	176	-	20	-	-	196
GRISELL LOPEZ	289	-	11	-	-	300
GUILLERMO PONCE	144	-	4	-	-	148
VANESSA REYES	270	-	15	-	-	285
MARIA ROBLES	315	-	37	-	-	352
TANIA TORRES	66	-	5	-	-	71
REBECA VILLEGAS	52	-	1	-	-	53
KARLA ROSARIO	111	2	4	-	-	117
YADIRA MORAN	-	-	19	-	-	19
<b>Total abril 2020</b>	<b>1,532</b>	<b>2</b>	<b>120</b>	<b>-</b>	<b>-</b>	<b>1,654</b>

	mayo 2020					
Nombre del Médico Primario	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	131	-	10	-	-	141
MAXUEL GENAO	206	-	15	-	-	221
GRISELL LOPEZ	249	-	12	-	-	261
YADIRA MORAN	239	-	24	-	-	263
GUILLERMO PONCE	133	-	4	-	-	137
VANESSA REYES	249	-	22	-	-	271
MARIA ROBLES	253	-	23	-	-	276
TANIA TORRES	41	-	9	-	-	50
REBECA VILLEGAS	96	-	4	-	-	100
KARLA ROSARIO	113	2	6	-	-	121
<b>Total mayo 2020</b>	<b>1,710</b>	<b>2</b>	<b>129</b>	<b>-</b>	<b>-</b>	<b>1,841</b>

	junio 2020					
Nombre del Médico Primario	Triple S	Menonita	MMM	Molina	First Medical	Total
LOURDES GARRIGA	145	-	23	-	-	168
MAXUEL GENAO	176	-	20	-	-	196
GRISELL LOPEZ	267	-	15	-	-	282
YADIRA MORAN	216	-	17	-	-	233
GUILLERMO PONCE	177	-	5	-	-	182
VANESSA REYES	228	-	15	-	-	243
MARIA ROBLES	290	-	23	-	-	313
TANIA TORRES	58	-	8	-	-	66
REBECA VILLEGAS	136	-	1	-	-	137
KARLA ROSARIO	154	-	6	-	-	160
<b>Total junio 2020</b>	<b>1,847</b>	<b>-</b>	<b>133</b>	<b>-</b>	<b>-</b>	<b>1,980</b>

**GRAN TOTAL TRIMESTRAL**

**5,475**



**COMMUNITY**  
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October 15, 2020

Community Health Foundation of PR, such as Federal Qualified Health Center-CHC and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of July 1, 2020 to September 30, 2020.

<u>Cost</u>				
Visits for the Period	x	PPS Rate	=	Total Costs related to Medicaid Beneficiaries
8,635		\$161.00		\$1,390,235.00
<u>Income</u>				
Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	=	Total Income related to Medicaid Beneficiaries
\$419,031.90		86%		\$360,367.43
<u>Wraparound Payment</u>				
Total Cost s related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	=	Excess of Costs over Income
\$1,390,235.00		\$360,367.43		\$1,029,867.57

As a result of the wraparound payment determination formula \$1,029,267.57 represents the wraparound payment for the given period. The Production Analysis is included for reference.

Lic. Vania Medina  
Chief Executive Officer



**Certificación Trimestral del 1 de julio al 30 de septiembre de 2020**

Nombre del Médico Primario	julio 2020					
	First Medical	MMM	Triple S	Molina	Menonita	Total
LOURDES GARRIGA	16	23	232	-	-	271
MAXUEL GENAO	27	16	313	-	-	356
GRISELL LOPEZ	-	11	276	-	-	287
GUILLERMO PONCE	16	10	282	1	-	309
VANESSA REYES	14	16	257	-	-	287
MARIA ROBLES	8	19	210	-	-	237
TANIA TORRES	9	7	152	-	-	168
REBECA VILLEGAS	10	9	157	-	-	176
KARLA ROSARIO	18	9	278	-	-	305
YADIRA MORAN	-	32	315	-	-	347
CARLOS ARENCIBIA	5	-	131			136
<b>Total julio 2020</b>	<b>123</b>	<b>152</b>	<b>2,603</b>	<b>1</b>	<b>-</b>	<b>2,879</b>

Nombre del Médico Primario	agosto 2020					
	First Medical	MMM	Triple S	Molina	Menonita	Total
LOURDES GARRIGA	19	24	229	-	-	272
MAXUEL GENAO	32	34	319	-	-	385
GRISELL LOPEZ	-	15	275	-	-	290
YADIRA MORAN	-	31	390	-	-	421
GUILLERMO PONCE	20	21	270	-	-	311
VANESSA REYES	14	23	331	-	-	368
MARIA ROBLES	17	22	346	-	-	385
TANIA TORRES	-	-	2	-	-	2
REBECA VILLEGAS	10	13	183	-	-	206
KARLA ROSARIO	32	9	246	-	-	287
CARLOS ARENCIBIA	1	-	98	-	-	99
<b>Total agosto 2020</b>	<b>145</b>	<b>192</b>	<b>2,689</b>	<b>-</b>	<b>-</b>	<b>3,026</b>

Nombre del Médico Primario	septiembre 2020					
	First Medical	MMM	Triple S	Molina	Menonita	Total
LOURDES GARRIGA	20	13	217	-	-	250
MAXUEL GENAO	35	28	297	-	-	360
GRISELL LOPEZ	-	8	298	-	-	306
YADIRA MORAN	-	41	387	-	-	428
GUILLERMO PONCE	9	16	241	-	-	266
VANESSA REYES	6	27	270	-	-	303
MARIA ROBLES	14	21	246	-	-	281
TANIA TORRES	-	-	-	-	-	-
REBECA VILLEGAS	7	10	134	-	-	151
KARLA ROSARIO	7	5	205	-	-	217
CARLOS ARENCIBIA	10	-	158			168
<b>Total septiembre 2020</b>	<b>108</b>	<b>169</b>	<b>2,453</b>	<b>-</b>	<b>-</b>	<b>2,730</b>

**GRAN TOTAL TRIMESTRAL**

**8,635**



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January 13, 2021

Community Health Foundation of PR, such as Federal Qualified Health Center-CHC and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of October 1 to December 31, 2020.

<u>Cost</u>			
Visits for the Period	x	PPS Rate	= Total Costs related to Medicaid Beneficiaries
9,258		\$161.00	\$1,490,538
<u>Income</u>			
Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	= Total Income related to Medicaid Beneficiaries
\$433,908.28		86%	\$373,161.12
<u>Wraparound Payment</u>			
Total Costs related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	= Excess of Costs over Income
\$1,490,538		\$373,161.12	\$1,117,376.88

As a result of the wraparound payment determination formula \$1,117,376.88 represents the wraparound payment for the given period. The Production Analysis is included for reference.

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Lic. Vania Medina  
Chief Executive Officer



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**Certificación trimestral del 1 de octubre al 31 de diciembre de 2020**

Nombre del Médico Primario	octubre 2020					
	First Medical	MMM	Triple S	Molina	Menonita	Total
LOURDES GARRIGA	25	38	204	-	-	267
MAXUEL GENAO	33	64	285	-	-	382
GRISELL LOPEZ		45	241	-	-	286
GUILLERMO PONCE	20	30	301	-	-	351
VANESSA REYES	15	27	266	-	-	308
MARIA ROBLES	24	44	267	-	-	335
REBECA VILLEGAS	9	28	166	-	-	203
KARLA ROSARIO	23	15	198	-	-	236
YADIRA MORAN		23	337	-	-	360
CARLOS ARENCIBIA	18		250	-	-	268
<b>Total octubre 2020</b>	<b>167</b>	<b>314</b>	<b>2,515</b>	<b>-</b>	<b>-</b>	<b>2,996</b>

Nombre del Médico Primario	noviembre 2020					
	First Medical	MMM	Triple S	Molina	Menonita	Total
LOURDES GARRIGA	16	30	171	-	-	217
MAXUEL GENAO	24	27	270	-	-	321
GRISELL LOPEZ		7	59	-	-	66
YADIRA MORAN	2	34	364	-	-	400
GUILLERMO PONCE	15	22	244	-	-	281
VANESSA REYES	10	23	268	-	-	301
MARIA ROBLES	21	33	564	-	-	618
REBECA VILLEGAS	15	7	153	-	-	175
KARLA ROSARIO	22	13	241	-	-	276
CARLOS ARENCIBIA	20		306	-	-	326
<b>Total noviembre 2020</b>	<b>145</b>	<b>196</b>	<b>2,640</b>	<b>-</b>	<b>-</b>	<b>2,981</b>

Nombre del Médico Primario	diciembre 2020					
	First Medical	MMM	Triple S	Molina	Menonita	Total
LOURDES GARRIGA	29	35	220	-	-	284
MAXUEL GENAO	25	47	235	-	-	307
GRISELL LOPEZ		20	237	-	-	257
YADIRA MORAN	11	30	305	-	-	346
GUILLERMO PONCE	10	12	231	-	-	253
VANESSA REYES	9	33	279	-	-	321
MARIA ROBLES	33	47	668	-	-	748
REBECA VILLEGAS	14	11	157	-	-	182
KARLA ROSARIO	18	11	220	-	-	249
CARLOS ARENCIBIA	17		317	-	-	334
<b>Total diciembre 2020</b>	<b>166</b>	<b>246</b>	<b>2,869</b>	<b>-</b>	<b>-</b>	<b>3,281</b>



GRAN TOTAL TRIMESTRAL

9,258

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April 15, 2021

Community Health Foundation of PR, such as Federal Qualified Health Center-CHC and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of January 1 to March 31, 2021.

Cost				
Visits for the Period	x	PPS Rate	=	Total Costs related to Medicaid Beneficiaries
6,906		\$161.00		\$1,111,866.00
Income				
Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	=	Total Income related to Medicaid Beneficiaries
\$396,903.45		86%		\$341,336.97
Wraparound Payment				
Total Costs related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	=	Excess of Costs over Income
\$1,111,866.00		\$341,336.97		\$770,529.03

As a result of the wraparound payment determination formula \$770,529.03 represents the wraparound payment for the given period. The Production Analysis is included for reference.

Lic. Vania Medina  
Chief Executive Officer



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enero 2021				
Nombre del Médico Primario	First Medical	MMM	Triple S	Total
LOURDES GARRIGA	34	31	207	272
MAXUEL GENAO	33	26	246	305
GRISELL LOPEZ	13	15	303	331
GUILLERMO PONCE	10	8	187	205
VANESSA REYES	11	19	226	256
MARIA ROBLES	25	26	389	440
REBECA VILLEGAS	5	8	146	159
KARLA ROSARIO	27	5	166	198
YADIRA MORAN	17	13	179	209
CARLOS ARENCIBIA	20	4	284	308
<b>Total enero 2021</b>	<b>195</b>	<b>155</b>	<b>2,333</b>	<b>2,683</b>

febrero 2021				
Nombre del Médico Primario	First Medical	MMM	Triple S	Total
LOURDES GARRIGA	3	5	54	62
MAXUEL GENAO	25	19	205	249
GRISELL LOPEZ	12	34	220	266
YADIRA MORAN	12	14	165	191
GUILLERMO PONCE	16	12	216	244
VANESSA REYES	6	24	233	263
MARIA ROBLES	14	26	331	371
REBECA VILLEGAS	10	4	127	141
KARLA ROSARIO	33	16	173	222
CARLOS ARENCIBIA	26	16	252	294
<b>Total febrero 2021</b>	<b>157</b>	<b>170</b>	<b>1,976</b>	<b>2,303</b>

marzo 2021				
Nombre del Médico Primario	First Medical	MMM	Triple S	Total
MAXUEL GENAO	13	20	183	216
GRISELL LOPEZ	13	23	272	308
GUILLERMO PONCE	18	9	229	256
VANESSA REYES	4	20	230	254
MARIA ROBLES	10	17	200	227
REBECA VILLEGAS	7	10	167	184
KARLA ROSARIO	10	10	202	222
CARLOS ARENCIBIA	22	5	226	253
<b>Total marzo 2021</b>	<b>97</b>	<b>.</b>	<b>1,709</b>	<b>1,920</b>

GRAN TOTAL TRIMESTRAL

6,906



**COMMUNITY**  
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July 14, 2021

Community Health Foundation of PR, such as Federal Qualified Health Center-CHC and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of April 1, 2021 to June 30, 2021.

Cost			
Visits for the Period	x	PPS Rate	= Total Costs related to Medicaid Beneficiaries
6,912		\$161.00	\$1,112,832.00
Income			
Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	= Total Income related to Medicaid Beneficiaries
\$3975,511.50		86%	\$322,939.89
Wraparound Payment			
Total Costs related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	= Excess of Costs over Income
\$1,112,832.00		\$322,939.89	\$789,892.11

As a result of the wraparound payment determination formula \$789,892.11 represents the wraparound payment for the given period. The Production Analysis is included for reference.

A handwritten signature in dark ink, appearing to read "Vania Medina", is written over a horizontal line.

Lic. Vania Medina  
Chief Executive Officer





**COMMUNITY**  
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**Certificación trimestral del 1 de abril al 30 de junio 2021**

	abril 2021			
Nombre del Médico Primario	First Medical	MMM	Triple S	Total
MAXUEL GENAO	1	19	333	353
GRISELL LOPEZ	-	15	227	242
GUILLERMO PONCE	5	9	293	307
VANESSA REYES	-	37	361	398
MARIA ROBLES	2	36	464	502
REBECA VILLEGAS	-	11	136	147
KARLA ROSARIO	-	8	183	191
				-
<b>Total abril 2021</b>	<b>8</b>	<b>135</b>	<b>1,997</b>	<b>2,140</b>

	mayo 2021			
Nombre del Médico Primario	First Medical	MMM	Triple S	Total
EVY MONGE	-	1	7	8
MAXUEL GENAO	-	26	362	388
NILSA RIVERA	-	8	122	130
GUILLERMO PONCE	3	16	271	290
VANESSA REYES	2	33	508	543
MARIA ROBLES	2	40	486	528
REBECA VILLEGAS	-	-	2	2
KARLA ROSARIO	-	9	271	280
YAIRALIZ RODRIGUEZ	-	16	119	135
<b>Total mayo 2021</b>	<b>7</b>	<b>149</b>	<b>2,148</b>	<b>2,304</b>

	junio 2021			
Nombre del Médico Primario	First Medical	MMM	Triple S	Total
EVY MONGE	3	9	117	129
MAXUEL GENAO	2	39	329	370
NILSA RIVERA	-	11	144	155
GUILLERMO PONCE	-	14	306	320
VANESSA REYES	2	28	372	402
MARIA ROBLES	2	24	455	481
REBECA VILLEGAS	-	9	220	229
KARLA ROSARIO	-	2	235	237
YAIRALIZ RODRIGUEZ	-	19	126	145
<b>Total junio 2021</b>	<b>9</b>	<b>155</b>	<b>2,304</b>	<b>2,468</b>

**GRAN TOTAL TRIMESTRAL**

**6,912**



**COMMUNITY**  
HEALTH FOUNDATION OF P.R. INC.  
Marginal Santa Cruz C-17, Bayamón, P. R. 00961  
Tel. 787-780-1273 • 787-625-6119 • 787-786-4600  
Fax. 787-786-8690 • 787-785-9381

October 15, 2021

Community Health Foundation of PR, such as Federal Qualified Health Center-CHC and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of July 1, 2021 to September 30, 2021.

<u>Cost</u>			
Visits for the Period	x	PPS Rate	= Total Costs related to Medicaid Beneficiaries
9,149		\$161.00	\$1,472,989.00
<u>Income</u>			
Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	= Total Income related to Medicaid Beneficiaries
\$375,565.50		86%	\$322,986.33
<u>Wraparound Payment</u>			
Total Costs related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	= Excess of Costs over Income
\$1,472,989.00		\$322,986.33	\$1,150,002.67

As a result of the wraparound payment determination formula \$1,150,002.67 represents the wraparound payment for the given period. The Production Analysis is included for reference.

Lic. Vania Medina  
Chief Executive Officer





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**Certificación trimestral 1 de julio al 30 de septiembre de 2021**

	julio 2021			
Nombre del Médico Primario	First Medical	MMM	Triple S	Total
EVY MONGE	28	7	240	275
MAXUEL GENAO	46	23	296	365
NILSA RIVERA	-	9	-	9
GUILLERMO PONCE	34	43	486	563
VANESSA REYES	17	26	354	397
MARIA ROBLES	15	23	427	465
REBECA VILLEGAS	19	15	245	279
KARLA ROSARIO	21	13	358	392
YAIRALIZ RODRIGUEZ		17		17
<b>Total julio 2021</b>	<b>180</b>	<b>176</b>	<b>2,406</b>	<b>2,762</b>

	agosto 2021			
Nombre del Médico Primario	First Medical	MMM	Triple S	Total
EVY MONGE	26	8	186	220
MAXUEL GENAO	48	23	329	400
NILSA RIVERA	-	16	69	85
GUILLERMO PONCE	42	23	483	548
VANESSA REYES	25	29	354	408
MARIA ROBLES	27	33	377	437
REBECA VILLEGAS	23	34	409	466
KARLA ROSARIO	39	26	537	602
YAIRALIZ RODRIGUEZ	-	23	-	23
<b>Total agosto 2021</b>	<b>230</b>	<b>215</b>	<b>2,744</b>	<b>3,189</b>

	septiembre 2021			
Nombre del Médico Primario	First Medical	MMM	Triple S	Total
EVY MONGE	21	13	136	170
MAXUEL GENAO	68	47	368	483
NILSA RIVERA		11	6	17
GUILLERMO PONCE	33	16	425	474
VANESSA REYES	25	25	371	421
MARIA ROBLES	43	25	480	548
REBECA VILLEGAS	32	32	415	479
KARLA ROSARIO	44	31	517	592
YAIRALIZ RODRIGUEZ	1	13	-	14

Total septiembre 2021	267	213	2,718	3,198
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GRAN TOTAL TRIMESTRAL

9,149



# COMMUNITY

HEALTH FOUNDATION OF P.R. INC.

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Fax. 787-786-8690 • 787-785-9381

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PAM FISCAL

January 15, 2022

Community Health Foundation of PR, such as Federal Qualified Health Center-CHC and as established in the Reimbursement Manual for Federally Qualified Health Center determines the following wraparound payment for the quarter of October 1, 2021 to December 30, 2021.

## Cost

Visits for the Period	x	PPS Rate	=	Total Costs related to Medicaid Beneficiaries
9,179		\$161.00		\$1,477,819.00

## Income

Net Capitation Payment for the Period	x	% Medicaid Beneficiaries	=	Total Income related to Medicaid Beneficiaries
\$343,749.00		86%		\$295,624.14

## Wraparound Payment

Total Costs related to Medicaid Beneficiaries	>	Total Income related to Medicaid Beneficiaries	=	Excess of Costs over Income
\$1,477,819.00		\$295,624.14		\$1,182,194.86

As a result of the wraparound payment determination formula \$1,182,194.86 represents the wraparound payment for the given period. The Production Analysis is included for reference.

  
 Thelmary Benitez  
 Chief Financial Officer



**COMMUNITY**  
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**Certificación trimestral del 1 octubre al 31 de diciembre 2021**

	octubre 2021			
Nombre del Médico Primario	First Medical	MMM	Triple S	Total
EVY MONGE	29	5	195	229
MAXUEL GENAO	54	39	271	364
NILSA RIVERA	-	8	179	187
GUILLERMO PONCE	44	25	590	659
VANESSA REYES	19	21	250	290
MARIA ROBLES	33	23	554	610
REBECA VILLEGAS	26	10	229	265
KARLA ROSARIO	32	15	328	375
YAIRALIZ RODRIGUEZ	22	-	160	182
<b>Total octubre 2021</b>	<b>259</b>	<b>146</b>	<b>2,756</b>	<b>3,161</b>

	noviembre 2021			
Nombre del Médico Primario	First Medical	MMM	Triple S	Total
EVY MONGE	43	14	194	251
MAXUEL GENAO	28	20	201	249
NILSA RIVERA	-	17	400	417
GUILLERMO PONCE	33	55	485	573
VANESSA REYES	16	19	234	269
MARIA ROBLES	23	32	383	438
REBECA VILLEGAS	27	20	235	282
KARLA ROSARIO	33	19	272	324
YAIRALIZ RODRIGUEZ	21	-	215	236
<b>Total noviembre 2021</b>	<b>224</b>	<b>196</b>	<b>2,619</b>	<b>3,039</b>

	diciembre 2021			
Nombre del Médico Primario	First Medical	MMM	Triple S	Total
EVY MONGE	27	6	189	222
MAXUEL GENAO	52	25	267	344
NILSA RIVERA	13	19	249	281
GUILLERMO PONCE	28	34	434	496
VANESSA REYES	9	15	151	175
MARIA ROBLES	33	32	411	476
REBECA VILLEGAS	27	22	211	260
KARLA ROSARIO	50	22	353	425
YAIRALIZ RODRIGUEZ	11	2	287	300
<b>Total diciembre 2021</b>	<b>250</b>	<b>177</b>	<b>2,552</b>	<b>2,979</b>

**GRAN TOTAL TRIMESTRAL**

**9,179**

Departamento de Salud  
Programa MEDICAID  
PPS Rate Determination for COMMUNITY HEALTH FOUNDATION OF PUERTO RICO, INC.

	Fiscal Year Ended December 31, 2017	Fiscal Year Ended December 31, 2018	Fiscal Year Ended December 31, 2019	Fiscal Year Ended December 31, 2020	Fiscal Year Ended December 31, 2021
<b>I. Total Cost - As per Audited Financial Statements</b>	\$ 1,487,658 (A)	\$ 1,896,480 (A)	\$ 2,589,218 (A)	\$ 3,709,301 (A)	\$ 4,712,419
Less:					
Non Reimbursable Costs (Note 4)					
Employee and guest meals	- (B)	- (B)	- (B)	- (B)	-
Expenses of operating gift shop, snack bars, etc.	-	-	-	-	-
Personal expenses not directly related to the provision of covered services	(23,021)	(8,938)	(63,438)	(49,996)	(49,928)
Costs not related to patient care.	-	-	-	-	-
Board of Directors' fees including travel and meal costs	(4,787)	(12,393)	(26,949)	(12,727)	(33,815)
Indirect costs allocated to unallowable direct health service costs	-	-	-	-	-
Interest	(635)	(232)	(159)	(312)	-
Entertainment	(4,032)	(5,083)	(3,333)	(12,413)	(17,829)
Board of Director Fees	-	-	-	-	-
Federal, territory, and other income taxes and excise taxes.	(10,692)	(14,672)	(118,289)	(80,605)	(120,712)
Medical Licenses	-	-	-	-	-
Donations, services, goods and space	(500)	(500)	-	-	-
Fines and penalties for violations of regulations, statutes, and ordinances of all types	-	-	-	-	-
Bad debts	-	-	-	-	-
Advertising	-	(584)	-	(1,600)	(1,038)
Contributions to a contingency reserve	-	-	-	-	-
Over-funding contributions to self-insurance funds	(9,946)	(11,372)	(10,429)	(29,203)	(24,062)
Legal, accounting, and professional services	(27,698)	(19,309)	(11,900)	(14,443)	(6,000)
Fund raising expenses	-	-	-	-	-
Amortization of goodwill	-	(44,015)	(94,027)	(111,465)	(115,599)
Membership dues for public relations	(995)	(6,130)	(6,853)	(6,555)	(14,697)
Political contributions and lobbying expenses	-	-	-	-	-
Costs allocable to the use of a vehicle or other company equipment for personal use	-	-	-	-	-
Costs applicable to services, facilities and supplies	-	-	-	-	-
Vending machine expenses	-	-	-	-	-
Charitable contributions	-	-	-	-	-
Restricted grants	-	-	-	-	-
Unallowable costs noted in 42 CFR 413	(1,875)	(6,539)	-	-	-
	(84,180)	(129,765)	(335,379)	(319,319)	(383,678)
Total Administrative and Facility Costs Overhead non applicable to RHC/FQHC services					
Total Allowable Cost of RHC/FQHC Services	\$ 1,403,478	\$ 1,766,715	\$ 2,253,839	\$ 3,389,982	\$ 4,328,741
<b>II. Total Visits - As per Report provided by COMMUNITY HEALTH FOUNDATION OF PUERTO RICO, INC.</b>	35,855 (C)	36,626 (C)	32,389 (C)	30,458 (C)	32,146
Cost per Visits	\$ 39.14	\$ 48.24	\$ 69.59	\$ 111.30	\$ 134.66
PPS Rate (Average 2017/2018)		\$ 43.69	\$ 58.91	\$ 90.44	\$ 122.98

Note 1: The Attachment 4.19B of the State Plan under the Social Security Act of the Commonwealth of Puerto Rico, page 1.1, establishes that the Benefit Protection and Improvement Act of 2000 (BIPA) replaced the cost-based reimbursement requirement with a new effective prospective payment system (PPS) for services provided as of January 1, 2001. According to the PPS, the first year's payment is established at an average cost per visit for 1999 and 2000. The payment rates of Future years are adjusted annually according to the Medicare Economic Index (MEI). In the case of Community, the years 2017 and 2018 are being used.

Note 2: Only reasonable costs must be considered in the PPS Rate determination. Reasonable costs are defined as those costs which are allowable under Medicare Cost Principle as outlined in 42 CFR part 413. Manual Reimbursement Ruling Federally Qualified Health Centers (FQHC).

Note 3: All visits are considered only to determine the PPS Rate.

Note 4: Detailed trial balance of revenues and expenses by account numbers was provided by the Center for the proper identification of not reimbursable costs.

Note 5: Information to determine cost per visits, information provided by the Center.

(A) Audited Financial Statements for the fiscal years ended December 31, 2017 and 2018, was provided by COMMUNITY HEALTH FOUNDATION OF PUERTO RICO, INC.

(B) Audited Financial Statements for the fiscal years ended December 31, 2017 and 2018, was provided by COMMUNITY HEALTH FOUNDATION OF PUERTO RICO, INC.

(C) As per Report provided by COMMUNITY HEALTH FOUNDATION OF PUERTO RICO, INC.